

Jeb Bush Governor Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

David B. Struhs Secretary

November 12, 2002

<u>CERTIFIED MAIL</u> 7001 2510 0001 0820 1693

Mr. Chip Duffy Corporate Council Safety Kleen Corp. 5400 Legacy Drive Cluster 2 Building 3 Plano, Texas 75024

OCD-HW/E-02-0548

SUBJECT:

Proposed Settlement of Safety-Kleen Corp. Sanford

OGC File No.: 02-0773

Dear Mr. Duffy:

The purpose of this letter is to complete the resolution of the matter previously identified by the I)epartment in the Warning Letter dated October 11, 2001, a copy of which is attached. The Department finds that you are in violation of the rules and statutes cited in the attached Warning Letter. In order to resolve the matters identified in the attached Warning Letter, you are assessed civil penalties in the amount of \$4,547.00, along with \$200.00 to reimburse the Department costs, for a total of \$4,747.00.

The civil penalties are apportioned as follows: \$1,648.00 for violation of Section 403.721(1)(c), Florida Statutes, and Title 40 Code of Federal Regulations 264.76; and \$2,899.00 for violation of Title 40 Code of Federal Regulations 263.20(a).

The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystems Management and Restoration Trust Fund." Payment shall be sent to the Department of Environmental Protection, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within 30 days of your signing this letter.

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

SENDER: COMPLETE THIS SECTION	COMPLETE:THIS SECTION ON DELIVERY	
□ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Print your name and address on the reverse	A. Signature X	ent dresse
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Regeived by (Printed Name) C. Date of D. Is delivery address different from item 1?	
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
CENTRAL DISTRICT

9319 MAGUIRE ELVD., SUITE 232
ORLANDO, FL 32803 - 376Z RECEIVED

NOV 2 2 2002

Central dist. -

Short Form Consent Order Page 2

If you do not sign and return this letter to the Department at the District address by November 20, 2002 the Department will assume that you are not interested in settling this matter on the above described terms, and will proceed accordingly. None of your rights or substantial interests are determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely, Director of District Management FOR THE RESPONDENTS: on behalf of , HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE. By: Date: FOR DEPARTMENT USE ONLY DONE AND ENTERED this _____ day of ______ , 2002. STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION Vivian F. Garfein Director of District Management FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to §120.52, Florida Statutes, With the designated Department Clerk, receipt of which is hereby Acknowledged. Clerk Date jw 5

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.



Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

CERTIFIED MAIL 7099 3400 0004 1323 1916

Keith Marcille, Branch Manager Safety-Kleen Corp. 600 Central Park Drive Sanford, Florida 32771 WARNING KETTER OWL-HW/E-C-00-0029

Seminole County - HW Safety-Kleen Corp. FLD984171165

Dear Mr. Marcille:

On August 10 and September 7, 2001 the Department received written notice of potential violations involving Safety-Kleen Corp. During the review of this information, possible violations of rules regarding hazardous waste management were noted. These possible violations are set forth in the "Summary of Potential Non-Compliance Items" section of the attached inspection report.

You are advised that any activity at your facility that may be contributing to violations of the above described statutes or rules should be ceased immediately. Operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.727 Florida Statutes.

PLEASE BE ADVISED that this Warning Letter is part of an agency investigation preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. The purpose of this letter is to advise you of potential violations and to set up a meeting to discuss possible resolutions to any violations and/or civil penalties for which you may be responsible.

This matter may be resolved through the entry of a Consent Order that includes a compliance schedule and an appropriate penalty. Under the Department's agreement with the United States Environmental Protection Agency (EPA), a formal administrative complaint or "Notice of Violation" (NOV) must be issued within 300 days of the date of the attached inspection report. In order to avoid the issuance of a NOV, a Consent Order must be entered well in advance of that date.

"More Protection, Less Process"

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WARNING LETTER Safety-Kleen Corp. OWL-HW/E/C-01-0029

Please contact John White, Hazardous Waste Section, at (407) 893-3323 within ten (10) working days of receipt of this letter to schedule an informal conference concerning resolution of this matter.

Sincerely,

Vivian F. Garfein

Director of District Management

Date

VFG/wmb/lb/jw

Enclosures:

RCRA Inspection Report

cc:

FDEP, Tallahassee



Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 David B. Struhs Secretary

HAZARDOUS WASTE INSPECTION REPORT

1	INSPECTION TYPE: Routine Complaint Follow-Up Permitting File Review
1,	FACILITY NAME Safety-Kleen Systems Sanford EPA ID# FLD984171165
	STREET ADDRESS 600 Central Park Drive, Sanford, Florida 32771
	0 0 1 71 11 20731
	407/221 6080 DATE 8/10/01 TIME
	COUNTY Seminole PHONE 40 H321-0000 STATUS
NC	
	Non Handler □ CESQG (<100 kg/mo.)
2.	APPLICABLE REGULATIONS: 40 CFR 263 40 CFR 264 40 CFR 261.5 40 CFR 262 40 CFR 263 40 CFR 264 40 CFR 265 40 CFR 266 40 CFR 268 40 CFR 273 40 CFR 279 62-710, FAC 62-730, FAC 62-737, FAC
3.	RESPONSIBLE OFFICIAL(s):
	Keith Marcille, Branch Manager
4.	THE CALL AND A POTT OF DANCE.
	John White
5.	TO CALCULATE THE
6.	Private Federal State County Municipal
7.	
8	PERMIT #: HO01-0022198-001 ISSUE DATE: May 10, 1999 EXP. DATE: May 10, 2004

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Website: www.dep.state.fl.us

Phone: 407/894-7555 + Fax: 407/893-3167

INTRODUCTION: 9.

Safety-Kleen, located at 600 Central Park Drive, Sanford, Florida, operates as a generator, transporter, transfer facility, and permitted hazardous waste storage facility. Safety-Kleen has operated at this particular location since March 15, 1993 and employs approximately 30 people Monday through Friday from 6:00AM to 9:00PM. Potable water and domestic waste needs are serviced by the City of Sanford.

Safety Kleen Sanford was last inspected on March 12, 2001 as a permitted storage, transfer facility, transporter, and generator. The facility was in compliance with hazardous waste regulations at that time.

Safety-Kleen is currently operating under the hazardous waste operation permit, HO01-0022198-001. Safety-Kleen, Sanford operates under the permit which includes the following areas: 1) a totally enclosed building, approximately 80 feet by 155 feet, having three distinct areas, designated as offices, container storage area and return/fill station and; 2) a separate outside aboveground tank storage area with four .20,000-gallon steel tanks with secondary containment. Tank #1 contains waste solvent and is regulated under this permit. Tank #3, which had stored antifreeze, received a closure certification on December 21, 1999. This tank is planned to store used oil. Tank #2 and #4 contain product Parts Cleaner 105 and product Premium 150 Solvent, respectively. The amount of waste stored in the container storage area at any one time is not to exceed 6,912 gallons.

INSPECTION HISTORY: 10.

Inspection conducted on March 12, 2001 - facility was in compliance. Inspection conducted on August 3, 2000 - facility was in compliance. Inspection conducted on August 4, 1999 – facility was in compliance. Inspection conducted on June 10, 1998 - facility was in compliance. Inspection conducted on September 18, 1997 - facility was in compliance. Inspection conducted on March 12, 1996 - facility was in compliance. Inspection conducted on February 20, 1995 - facility was in compliance. Inspection conducted on December 10, 1993 - facility was in compliance.

PROCESS DESCRIPTION: 11.

Safety-Kleen Sanford has 17 trucks that are used for servicing customers. The trucks are constructed to provide an estimated 20 services per day and/or transport 20 drums back to the facility. Equipment and solvent, including mineral spirits, immersion cleaner and perchloroethylene, are leased to Safety-Kleen customers. Spent solvent is picked up at regular intervals, at which time the spent solvent is exchanged for clean product.

Spent mineral spirits is returned to the Sanford facility's return/fill area where the drums are emptied into barrel washers. Empty drums are placed onto a rotary brush unit, within the barrel washer, and the dirty mineral spirits is used to clean the inside and outside of the drum. Clean drums are refilled with mineral spirits and returned to the service trucks. The waste mineral spirits is transferred, using a float actuated pump and overhead pipe system, from the barrel washers to the aboveground tank storage tank. Sludge accumulated in the barrel washer is removed at least once per day. The sludge is collected in 16-gallon satellite containers, which when full, are then stored in the container storage area prior to shipment off-site. The waste mineral spirits storage tank is pumped out when the capacity reaches 19,000-gallons or a height of 22 feet 5 inches. Waste mineral spirits is transported to Safety-Kleen's Lexington, South Carolina facility for reclaiming.

Safety-Kleen also operates a service referred to as "continued use". This "Continued Use Program" diverts a portion of used mineral spirits from qualified customers and places it in a continued use "wet dumpster" that is directly piped to the drum washing units for chemical and mechanical cleaning of incoming continued use drums. A permit modification, dated October 10, 2000, was issued for implementation of the Continued Use Program.

Safety-Kleen provides customers with paint thinner, and cleaning solvent. When the material is no longer useful, Safety-Kleen picks up the spent material and stores the hazardous waste in the container storage area, prior to shipping the spent materials to Safety-Kleen's Lexington, South Carolina and Hebron, Ohio facilities.

Safety-Kleen also services facilities generating used oil. Safety-Kleen samples and analyzes the used oil for PCB's and other contaminants prior to accepting the used oil from the customer. The drivers test used oil samples with the use of CLOR-D-TECT 1000 screening kits. No results of these tests are kept. A metal fire cabinet located next to the container storage area is used for the accumulation of used oil samples. Oil samples are only analyzed if the East Chicago refinery reports that a rail car shipment they received is contaminated. The samples are accumulated for less than 90 days and then properly disposed.

Record Review: 12.

On August 10, 2001 the Department received written notice from U.S. Patrick Air Force Base that, between June 2000 and August 2001, Safety-Kleen Corp. transported 8 shipments of hazardous waste off of Patrick Air Force Base property without a hazardous waste manifest [40 CFR 263.20(a)]. Patrick Air Force Base is a large quantity generator of hazardous waste and, as such, a uniform hazardous waste manifest is required for each shipment of hazardous waste off of the property.

On September 7, 2001, the Department received written information from U.S. NASA Kennedy Space Center documenting that, between August 2000 and May 2001, Safety-Kleen Corp. transported 7 shipments of hazardous waste off of U.S. NASA Kennedy Space Center property without a hazardous waste manifest [40 CFR 263.20(a)]. U.S. NASA Kennedy Space Center is a large quantity generator of hazardous waste and, as such, a uniform hazardous waste manifest is required for each shipment of hazardous waste off of the property.

This is a repeat violation by Safety-Kleen. On February 27, 1992, the Department took state-wide enforcement against Safety-Kleen for violations, including the transportation of hazardous waste without a manifest from Olin Corporation, U.S. NASA Kennedy Space Center, Emergency One, and Hartland Pontiac.

An inspection of Safety-Kleen's operations conducted on October 30, 1991, when the facility was located at 505 Plumosa Drive, Altamonte Springs, Florida, documented the removal of hazardous waste from U.S. NASA Kennedy Space Center without the use of a hazardous waste manifest. In response to the enforcement action, in a submittal dated April 1, 1992, Safety-Kleen provided the Central District with an Unmanifested Waste Report for wastes removed from U.S. NASA Kennedy Space Center without the use of a hazardous waste manifest

13. Summary of Potential Non-Compliance Items and Recommended Corrective Actions:

a) Permit HO01-0022198-001 Specific Conditions Part I, Condition 14 / 40 CFR 264.76 - Unmanifested

Waste Report
The Permittee shall comply with the manifest requirements of 40 CFR 264.71, 264.72, and 264.76. In accordance with 40 CFR 264.76, if a facility accepts for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest, or without an accompanying shipping paper as described in § 263.20(e)(2) of this chapter, and if the waste is not excluded from the manifest requirement by § 261.5 of this chapter, then the owner or operator must prepare and submit a single copy of a report to the Regional Administrator within fifteen days after receiving the waste.

<u>Violation</u>
Safety-Kleen Sanford accepted 15 unmanifested shipments of hazardous waste from U.S. NASA
Kennedy Space Center and U.S. Patrick Air Force Base between June 2000 and August 2001. No
unmanifested waste reports have been received regarding shipments from these two facilities during the time period in question.

Recommended Corrective Action
Within 15 days of receipt of this report, Safety-Kleen Corp. must file unmanifested waste reports covering all of the shipments in question.

b) 40 CFR 263.20(a) The manifest system.

A transporter may not accept hazardous waste from a generator unless it is accompanied by a manifest signed in accordance with the provisions of 40 CFR 262.20.

<u>Violation</u>
Safety-Kleen Sanford transported 15 unmanifested shipments of hazardous waste from U.S. NASA Kennedy Space Center and U.S. Patrick Air Force Base between June 2000 and August 2001.

Recommended Corrective Action
Safety-Kleen Corp. must provide the Department with a written plan documenting efforts to properly train staff to ensure waste is not transported from generators without the use of a uniform hazardous waste manifest.

14. <u>CONCLUSION</u>:
At the time of this File Review Safety-Kleen, Sanford was regulated as a permitted hazardous waste storage facility, generator, transporter, and transfer facility and was not in compliance.

Report Prepared By:

John White

Environmental Specialist

Date: October 10, 2001



Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

September 30, 2002

Certified Mail 7001 2510 0001 0820 1860

Matt Hedrick
Environmental Health & Safety Manager
Safety-Kleen Corp.
5309 24th Avenue South
Tampa, Florida 33619

OCD-HW/C/E-02-0503

Seminole County – HW Safety-Kleen Corp. Sanford Enforcement Case

Dear Mr. Hedrick:

On October 11, 2001 a Warning Letter was mailed to Safety-Kleen Corp. for alleged violations of hazardous waste regulations by the Sanford facility. Based on information provided during an informal meeting on February 21, 2002 and in your letter dated February 28, 2002, the Department adjusted the assessed civil penalties from \$14,798.00 to \$4,547.00.

On June 4, 2002, a Short Form Consent Order was mailed in an effort to complete the resolution of this enforcement case in an informal manner. The Order has not been returned to this Office so the enforcement case remains open.

Efforts have been made by both the Department and Safety-Kleen to schedule an additional meeting to discuss the Department's relationship with Safety-Kleen's Sanford facility; however, due to scheduling conflicts we were not able to meet as planned. Unless additional compelling information can be provided documenting the alleged violations did not take place, the assessed penalty still stands. Any future meetings between the Department and Safety-Kleen, while welcome and appreciated, will not affect the assessed penalty in this case.

We are requesting that Safety-Kleen Corp. sign the Short Form Consent Order dated June 4, 2002, and return the document to this Office within 10 days of receipt of this request. If the Consent Order is not acceptable,, please inform the Department in writing within the same time frame.

We look forward to your assistance in the timely resolution of this case.

Sincerely,

John White

Environmental Specialist

cc: Kenneth L. Bednar, Attorney

Printed on recycled paper.

"Wilata Pataka Waki alaw Patakwa"

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Matt Hedrick May Safety Kleen Corp	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No OC D—HW— 0 2 — 050 3
5309 24th Aue South Tempa Fl 33619	3. Service Type . ☼ Certified Mail ☐ Express Mail ☐ Registered ☆ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTIONS
CENTRAL DISTRICT

2310 MAGUIRE BLVD., SUITE 232 ORLANDO, FL 32803 - 3767



Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

June 4, 2002

Certified Mail 7000 1530 0002 1948 3764

Kenneth L. Bednar Katz, Barron, Squitero & Faust, P.A. First Ft. Lauderdale Place 100 N.E. Third Avenue, Suite 280 Ft. Lauderdale, Florida 33301

> Seminole County – HW Safety-Kleen Sanford FLD984171165

OCD-HW/E-02-0203

Dear Mr. Bednar:

I am in receipt of your letter dated May 15, 2002. Your letter contains information regarding Safety-Kleen's operations that require clarification. Safety-Kleen has operated as many as 17 locations in the state of Florida, 11 of those locations are still in operation. Five of the seventeen have been the subject of various remediation actions, two of which are still on-going.

Since 1990, Safety-Kleen has been the subject of over 90 informal enforcement actions, resulting in 38 formal enforcement actions. The Department's Hazardous Waste Program has collected over \$517,000.00 in penalties from Safety-Kleen as a result of the formal enforcement actions.

A cursory review of the Central District's files found approximately 18 instances where Safety-Kleen Sanford transported hazardous waste without a manifest since 1995, with the most recent incident reported August 1, 2001. These instances were reported by Safety-Kleen in accordance with the requirements of the RCRA Permit and the Department took no formal enforcement actions.

The violations cited by the Central District in the October 2001 Warning Letter, OWL-HW/E-C-00-0029, were not reported by Safety-Kleen but were instead reported by the generators. The Department requested an unmanifested waste report from the Sanford facility as required by their RCRA Permit HO01-0022198-001, Specific Conditions Part I. Condition 14 and 40 CFR 264.76. The issue in this case was the failure of Safety-Kleen to comply with the RCRA Permit.

"More Protection, Less Process"

In an effort to resolve the violations cited in the Warning Letter, Safety-Kleen has indicated a willingness to modify its training program to ensure staff are aware that they can not remove hazardous waste from large quantity generator locations without the use of a manifest. In a letter dated February 25, 1992, Safety-Kleen outlined a process to train facility personnel on these same issues, to treat government owned bases as a single entity, which means using a hazardous waste manifest to transport waste. The current Warning Letter was issued because these same violations occurred at one of the same entities noted in 1991, a clear indication that training is not being conducted as Safety-Kleen indicated in 1992. This repeat violation is the reasoning behind the Department's request that an Officer of Safety-Kleen Corp. provide written assurances that this segment of the training program would once again be provided. The request was included as a condition of settlement.

As noted in the Department's March 14, 2002 letter, the Department has reduced the original penalty calculation to \$4,547.00. Attached is a Short Form Consent Order prepared by the Department to resolve the issues raised in Warning Letter OWL-HW/E-C-00-0029. If the proposed Short Form Consent Order is not acceptable we will proceed with further enforcement.

Sincerely,

John White

Environmental Specialist

lb/jw

cc: Matt Hedrick, Safety-Kleen Corp.

Attachment: February 25, 1992, Safety-Kleen Letter

Short Form Consent Order

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February 25, 1992

Sent Via Federal Express Mail - February 25, 1992

Mr. Robert Snyder, P.E.
Hazardous Waste Section
Florida Department of Environmental
Regulation - Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

Subject: RCRA Inspections Dated May 17 and Oct. 30, 1991 Response to Recommended Corrective Action 10.a. Safety-Kleen Corp. - Altamonte Springs Branch EPA ID No. FLD 097 837 983

Dear Mr. Snyder:

The purpose of this letter is to respond to one of the recommended corrective actions specified in John White's inspection report dated November 14, 1991.

Section 10.a. of the report recommends that Safety-Kleen must "provide a written plan designed to identify other facilities where this violation has occured and correct the violation." The alleged violation referenced is that Safety-Kleen transported hazardous waste without a manifest from 2 customers who are large quantity generators. Safety-Kleen already explained in our response dated January 13, 1992 as to why the alleged violation occurred and that the matter has been resolved. This response is to provide to you the written plan requested.

In our response dated January 13, 1992, we mentioned that development of the plan requires a possible coordination between FDER's/USEPA Region IV's and Safety-Kleen's database of EPA ID numbers. Such a coordination was attempted between the State of Minnesota's and Safety-Kleen's databases.

The merging between the two systems was not successful. The computer comparison can only be done either by company name or by address. Cross checking between company names and addresses was not successful because the name or address in Safety-Kleen's system differed from the name or address of the State of Minnesota's system, for the same customer. Many

such discrepancies were noted and were found to be unmanageable at the computer level.

Given our experience in Minnesota, Safety-Kleen has decided to first deal with this issue manually. Beginning September, 1991, Safety-Kleen began using EPA Region IV's list of EPA ID numbers for all of Florida's Large Quantity Generators and Small Quantity Generators between 100 to 1000 kg/month. We have since decided to obtain such printouts from FDER's Bureau of Information systems every calendar quarter beginning 1992's second quarter. We decided to use Florida's system rather than EPA Region IV's because according to a discussion with Mr. Michael Redig of BWPR-FDER on February 24, it was indicated that the information in the state's system would be more current. We feel that a quarterly update is appropriate at this time realizing that the state's system will change periodically.

Each Safety-Kleen Corp. branch in Florida should have the FDER prinouts in March. Before a pick-up of hazardous waste is made from a customer, the branch compares the generator status on the customer invoice with the status on the EPA listing. Corrections are made when an inconsistency in generator status is found. Since we do pick-up wastes from all our customers every 4 weeks or even up to every 16 weeks, each branch will eventually cross check all of its customers by the end of a 16 week cycle. Cross checking between customer invoices and the FDER listing will commence in 1992's second calendar quarter.

As far as accepting hazardous waste from government-owned, contractor operated facilities, each branch is now aware that any waste pick-up within a government owned base or facility even if there are contractors within it must comply with all applicable manifesting requirements. There are only a very small number of such facilities within a branch's sales region therefore, each branch has been made aware to use the generator status and the EPA ID number of the entire base or facility.

We hope that this plan is satisfactory. If you have any questions or concerns, please call me at (813) 682-1176.

Sincerely,

Vutor L. San Agustin, P.E.

Regional Environmental Engineer

Tampa Region

cc: Allan Farmer, USEPA IV
Satish Kastury, BWPR-FDER
Michael Redig, BWPR-FDER
Bill Kellenberger, NW-FDER
Ashwin Patel, NE-FDER
Bill Kutash, SW-FDER
Bill Bostwick, CF-FDER
Phil Barbaccia, SF-FDER
Bob Kukleski, SE-FDER



Jeb Bush Governor Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

David B. Struhs Secretary

June 4, 2002

OCD-HW/E-02-0204

Safety-Kleen Corp. c/o Kenneth L. Bednar Katz, Barron, Squitero & Faust, P.A. First Ft. Lauderdale Place 100 N.E. Third Avenue, Suite 280 Ft. Lauderdale, Florida 33301

SUBJECT:

Proposed Settlement of Safety-Kleen Corp. Sanford

OGC File No.: 02-0773

Dear Mr. Bednar:

The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter dated October 11, 2001, a copy of which is attached. The Department finds that you are in violation of the rules and statutes cited in the attached Warning Letter. In order to resolve the matters identified in the attached Warning Letter, you are assessed civil penalties in the amount of \$4,547.00, along with \$200.00 to reimburse the Department costs, for a total of \$4,747.00.

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The Department is requesting an Officer of Safety-Kleen Corp. provide written assurances within 15 days of your signing this letter that Safety-Kleen Corp. will modify its training program to ensure staff are aware that they can not remove hazardous waste from large quantity generator locations without the use of a manifest. The training program must acknowledge that many government owned, contractor operated facilities meet the definition of large quantity generator.

Short Form Consent Order Page 2

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

If you do not sign and return this letter to the Department at the District address by June 28, 2002 the Department will assume that you are not interested in settling this matter on the above described

terms, and will proceed accord letter unless you sign it and it	lingly. None of your street with the D	our rights or substantial interests are determined by this epartment Clerk.
		Sincerely,
		Vivian F. Garfein Director of District Management
FOR THE RESPONDENTS	:	
I, THE TERMS OF THE SET	on behalf of TLEMENT OFF	HEREBY ACCEPT ER IDENTIFIED ABOVE.
Ву:		
Date:		
		RTMENT USE ONLY
DONE AND ENTERED this	day of _	, 2002.
		STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
		Vivian F. Garfein Director of District Management
FILING AND ACKNOWLE FILED, on this date, pursuant of which is hereby Acknowled	to §120.52, Floric	la Statutes, With the designated Department Clerk, receipt
Clerk	Date	
jw テン		
SECO/April2002		

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.



Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

<u>CERTIFIED MAIL</u> 7099 3400 0004 1323 1916

Keith Marcille, Branch Manager Safety-Kleen Corp. 600 Central Park Drive Sanford, Florida 32771 WARNING LETTER OWL-HW/E-C-00-0029

Seminole County - HW Safety-Kleen Corp. FLD984171165

Dear Mr. Marcille:

On August 10 and September 7, 2001 the Department received written notice of potential violations involving Safety-Kleen Corp. During the review of this information, possible violations of rules regarding hazardous waste management were noted. These possible violations are set forth in the "Summary of Potential Non-Compliance Items" section of the attached inspection report.

You are advised that any activity at your facility that may be contributing to violations of the above described statutes or rules should be ceased immediately. Operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.727 Florida Statutes.

PLEASE BE ADVISED that this Warning Letter is part of an agency investigation preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. The purpose of this letter is to advise you of potential violations and to set up a meeting to discuss possible resolutions to any violations and/or civil penalties for which you may be responsible.

This matter may be resolved through the entry of a Consent Order that includes a compliance schedule and an appropriate penalty. Under the Department's agreement with the United States Environmental Protection Agency (EPA), a formal administrative complaint or "Notice of Violation" (NOV) must be issued within 300 days of the date of the attached inspection report. In order to avoid the issuance of a NOV, a Consent Order must be entered well in advance of that date.

"More Protection, Less Process"

Printed on recycled paper.

WARNING LETTER Safety-Kleen Corp. OWL-HW/E/C-01-0029

Please contact John White, Hazardous Waste Section, at (407) 893-3323 within ten (10) working days of receipt of this letter to schedule an informal conference concerning resolution of this matter.

Sincerely,

Vivian F. Garfein

Director of District Management

Tabel 11, 2001

Date

VFG/wmb/lb/jw

Enclosures:

RCRA Inspection Report

cc:

FDEP, Tallahassee



Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 David B. Struhs Secretary

HAZARDOUS WASTE INSPECTION REPORT

1. INSPECTION TYPE: Routine Complaint Follow-Up Permitting Fi	ile Review								
FACILITY NAME Safety-Kleen Systems Sanford EPA ID # FLD984171165									
STREET ADDRESS 600 Central Park Drive, Sanford, Florida 32771									
MAILING ADDRESS 600 Central Park Drive, Sanford, Florida 32771									
COUNTY Seminole PHONE 407/321-6080 DATE 8/10/01	TIME								
NOTIFIED AS: N/A CURRENT STATUS:									
Non Handler □ CESQG (<100 kg/mo.)									
40 CFR 261.3 40 CFR 266 40 CFR 268 40 CFR 268) CFR 264) CFR 273 2-737, FAC								
3. RESPONSIBLE OFFICIAL(s):									
Keith Marcille, Branch Manager									
4. INSPECTION PARTICIPANTS:									
John White									
5. LATITUDE/LONGITUDE:									
6. SIC Code: N/A									
7. TYPE OF OWNERSHIP: A Private Federal State County	Municipal								
8 PERMIT #: HO01-0022198-001 ISSUE DATE: May 10, 1999 EXP. DATE: M	ay 10, 2004								

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Website: www.dep.state.fl.us

Phone: 407/894-7555 + Fax: 407/893-3167

9. INTRODUCTION:

Safety-Kleen, located at 600 Central Park Drive, Sanford, Florida, operates as a generator, transporter, transfer facility, and permitted hazardous waste storage facility. Safety-Kleen has operated at this particular location since March 15, 1993 and employs approximately 30 people Monday through Friday from 6:00AM to 9:00PM. Potable water and domestic waste needs are serviced by the City of Sanford.

Safety Kleen Sanford was last inspected on March 12, 2001 as a permitted storage, transfer facility, transporter, and generator. The facility was in compliance with hazardous waste regulations at that time.

Safety-Kleen is currently operating under the hazardous waste operation permit, HO01-0022198-001. Safety-Kleen, Sanford operates under the permit which includes the following areas: 1) a totally enclosed building, approximately 80 feet by 155 feet, having three distinct areas, designated as offices, container storage area and return/fill station and; 2) a separate outside aboveground tank storage area with four 20,000-gallon steel tanks with secondary containment. Tank #1 contains waste solvent and is regulated under this permit. Tank #3, which had stored antifreeze, received a closure certification on December 21, 1999. This tank is planned to store used oil. Tank #2 and #4 contain product Parts Cleaner 105 and product Premium 150 Solvent, respectively. The amount of waste stored in the container storage area at any one time is not to exceed 6,912 gallons.

10. INSPECTION HISTORY:

Inspection conducted on March 12, 2001 - facility was in compliance. Inspection conducted on August 3, 2000 - facility was in compliance. Inspection conducted on August 4, 1999 - facility was in compliance. Inspection conducted on June 10, 1998 - facility was in compliance. Inspection conducted on September 18, 1997 - facility was in compliance. Inspection conducted on March 12, 1996 - facility was in compliance. Inspection conducted on February 20, 1995 - facility was in compliance. Inspection conducted on December 10, 1993 - facility was in compliance.

11. PROCESS DESCRIPTION:

Safety-Kleen Sanford has 17 trucks that are used for servicing customers. The trucks are constructed to provide an estimated 20 services per day and/or transport 20 drums back to the facility. Equipment and solvent, including mineral spirits, immersion cleaner and perchloroethylene, are leased to Safety-Kleen customers. Spent solvent is picked up at regular intervals, at which time the spent solvent is exchanged for clean product.

Spent mineral spirits is returned to the Sanford facility's return/fill area where the drums are emptied into barrel washers. Empty drums are placed onto a rotary brush unit, within the barrel washer, and the dirty mineral spirits is used to clean the inside and outside of the drum. Clean drums are refilled with mineral spirits and returned to the service trucks. The waste mineral spirits is transferred, using a float actuated pump and overhead pipe system, from the barrel washers to the aboveground tank storage tank. Sludge accumulated in the barrel washer is removed at least once per day. The sludge is collected in 16-gallon satellite containers, which when full, are then stored in the container storage area prior to shipment off-site. The waste mineral spirits storage tank is pumped out when the capacity reaches 19,000-gallons or a height of 22 feet 5 inches. Waste mineral spirits is transported to Safety-Kleen's Lexington, South Carolina facility for reclaiming.

Safety-Kleen also operates a service referred to as "continued use". This "Continued Use Program" diverts a portion of used mineral spirits from qualified customers and places it in a continued use "wet dumpster" that is directly piped to the drum washing units for chemical and mechanical cleaning of incoming continued use drums. A permit modification, dated October 10, 2000, was issued for implementation of the Continued Use Program.

Safety-Kleen provides customers with paint thinner, and cleaning solvent. When the material is no longer useful, Safety-Kleen picks up the spent material and stores the hazardous waste in the container storage area, prior to shipping the spent materials to Safety-Kleen's Lexington, South Carolina and Hebron, Ohio facilities.

Safety-Kleen also services facilities generating used oil. Safety-Kleen samples and analyzes the used oil for PCB's and other contaminants prior to accepting the used oil from the customer. The drivers test used off samples with the use of CLOR-D-TECT 1000 screening kits. No results of these tests are kept. A metal fire cabinet located next to the container storage area is used for the accumulation of used oil samples. Oil samples are only analyzed if the East Chicago refinery reports that a rail car shipment they received is contaminated. The samples are accumulated for less than 90 days and then properly disposed.

12. Record Review:

On August 10, 2001 the Department received written notice from U.S. Patrick Air Force Base that, between June 2000 and August 2001, Safety-Kleen Corp. transported 8 shipments of hazardous waste off of Patrick Air Force Base property without a hazardous waste manifest [40 CFR 263.20(a)]. Patrick Air Force Base is a large quantity generator of hazardous waste and, as such, a uniform hazardous waste manifest is required for each shipment of hazardous waste off of the property.

On September 7, 2001, the Department received written information from U.S. NASA Kennedy Space Center documenting that, between August 2000 and May 2001, Safety-Kleen Corp. transported 7 shipments of hazardous waste off of U.S. NASA Kennedy Space Center property without a hazardous waste manifest [40 CFR 263.20(a)]. U.S. NASA Kennedy Space Center is a large quantity generator of hazardous waste and, as such, a uniform hazardous waste manifest is required for each shipment of hazardous waste off of the property.

This is a repeat violation by Safety-Kleen. On February 27, 1992, the Department took state-wide enforcement against Safety-Kleen for violations, including the transportation of hazardous waste without a manifest from Olin Corporation, U.S. NASA Kennedy Space Center, Emergency One, and Hartland Pontiac.

An inspection of Safety-Kleen's operations conducted on October 30, 1991, when the facility was located at 505 Plumosa Drive, Altamonte Springs, Florida, documented the removal of hazardous waste from U.S. NASA Kennedy Space Center without the use of a hazardous waste manifest. In response to the enforcement action, in a submittal dated April 1, 1992, Safety-Kleen provided the Central District with an Unmanifested Waste Report for wastes removed from U.S. NASA Kennedy Space Center without the use of a hazardous waste manifest

13. Summary of Potential Non-Compliance Items and Recommended Corrective Actions:

a) Permit HO01-0022198-001 Specific Conditions Part I, Condition 14 / 40 CFR 264.76 - Unmanifested Waste Report

The Permittee shall comply with the manifest requirements of 40 CFR 264.71, 264.72, and 264.76. In accordance with 40 CFR 264.76, if a facility accepts for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest, or without an accompanying shipping paper as described in § 263.20(e)(2) of this chapter, and if the waste is not excluded from the manifest requirement by § 261.5 of this chapter, then the owner or operator must prepare and submit a single copy of a report to the Regional Administrator within fifteen days after receiving the waste.

Violation

Safety-Kleen Sanford accepted 15 unmanifested shipments of hazardous waste from U.S. NASA Kennedy Space Center and U.S. Patrick Air Force Base between June 2000 and August 2001. No unmanifested waste reports have been received regarding shipments from these two facilities during the time period in question.

Recommended Corrective Action

Within 15 days of receipt of this report, Safety-Kleen Corp. must file unmanifested waste reports covering all of the shipments in question.

b) 40 CFR 263.20(a) The manifest system.

A transporter may not accept hazardous waste from a generator unless it is accompanied by a manifest signed in accordance with the provisions of 40 CFR 262.20.

Violation

Safety-Kleen Sanford transported 15 unmanifested shipments of hazardous waste from U.S. NASA Kennedy Space Center and U.S. Patrick Air Force Base between June 2000 and August 2001.

Recommended Corrective Action

Safety-Kleen Corp. must provide the Department with a written plan documenting efforts to properly train staff to ensure waste is not transported from generators without the use of a uniform hazardous waste manifest.

14. CONCLUSION:

At the time of this File Review Safety-Kleen, Sanford was regulated as a permitted hazardous waste storage facility, generator, transporter, and transfer facility and was not in compliance.

Report Prepared By:

John White

Environmental Specialist

Date: October 10, 2001





August 1, 2001

Ms. Lu Burson
FL DEP - Central District
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

Re: Unmanifested Waste Report

Safety-Kleen Systems - Sanford, FL Facility

Facility EPA ID # FLD 984 171 165

Generator - Transco Transmission Altamonte Springs, FL

Dear Ms. Burson:

In accordance with 40 CFR 264.76, Safety-Kleen is submitting the attached unmanifested waste report for waste aqueous parts washer solution generated by Transco Transmission (Small Quantity Generator, EPA ID # FLR 000 023 051). This report covers the hazardous waste transported from Transco Transmission to the Safety-Kleen Sanford facility on July 10, 2001.

The Safety-Kleen Sales Representative servicing the Transco Transmission account incorrectly applied the tolling agreement to the aqueous based waste stream, and thought the material could be transported using only the Safety-Kleen service document. In an effort to prevent reoccurrence, paperwork requirements for the various types of hazardous waste generators have been reviewed with the Sales Representative.

If you have any questions or need additional information, please contact me at 561-736-2267.

Sincerely

Scott A. Schneider

Environmental, Health & Safety Manager

Attachments

cc: Mr. John Morrison, Transco Transmission

Mr. Tony Schwan, Safety-Kleen

Customer File

-75°07'n	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTEREPORT	PART A: GENERATOR ANNUAL REPORT
S DISTRICT	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0
Use this form as a cover that all regularity reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0
E roos aux S	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
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III. INSTALLATION'S EPA ID NUMBER	
III. NAME OF INSTALLATION	
SAFETY - KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
V. LOCATION OF INSTALLATION	
6 0 0 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
RAY ZIMMERMAN	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A reports	s only)
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)	
A. COST ESTIMATE FOR FACILITY CLOSURE	
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IX. CERTIFICATION	
I certify under penalty of law that I have personally examined and am fa	
true, accurate, and complete. I am aware that there are significant penal	ole for obtaining the information, I believe that the submitted information is
fines and imprisonment.	ances for submitting raise information, including the possibility of
A. Print or Type Name	B. Signature C. Date Signed

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December 7, 2000

Mr. Chris Aoussat FL DEP – Central District 3319 Maguire Boulevard, Suite 232 Orlando, FL 32803-3767

Re: Transportation of Hazardous Waste from SQG without EPA ID Number

Unmanifested Waste Reports

Safety-Kleen Systems - Sanford, FL Service Center

Facility EPA ID # FLD984171165

Generator - Brevard Fire/Rescue Fleet Cocoa, FL

Dear Mr. Aoussat:

As a follow-up to my telephone message of November 22, 2000, this correspondence serves as notification that representatives of the Safety-Kleen Sanford Service Center transported multiple shipments of hazardous waste from a Small Quantity Generator (SQG) without an EPA identification number. These errors were discovered during an in-house review of facility paperwork during the week of November 20, 2000. Upon discovery of this information, Safety-Kleen contacted a representative of the Brevard Fire/Rescue Fleet department and assisted him with the completion of an EPA Identification Number application. To the best of Safety-Kleen's knowledge, this completed application was sent to the FL DEP - Tallahassee office for processing on November 22, 2000.

In accordance with 40 CFR 264.76, Safety-Kleen is also submitting the attached unmanifested waste reports for waste aqueous brake solution generated by Brevard Fire/Rescue Fleet. These reports cover waste aqueous brake solutions picked-up by Safety-Kleen on the following days:

April 12, 1999 July 9, 1999 September 28, 1999 December 17, 1999 March 7, 2000 June 9, 2000 August 29, 2000 November 20, 2000

Existing systems (i.e continuous employee training, and management review of daily paperwork) at the Sanford Service Center should have identified these issues and corrected them in a more timely basis. Safety-Kleen regrets the errors and, in an effort to prevent reoccurrence, has again reviewed the various hazardous waste generator requirements with its employees.

If you have any questions or need additional information, please contact me at 561-736-2267.

Sincerely,

Scott A. Schneider

Environmental, Health & Safety Manager

cc:

Brevard Fire/Rescue Fleet

Customer File

Mr. Jim Childress, Safety-Kleen

attachments

	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORTED	PART A: GENERATOR ANNUAL REPORT
1000	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
160 9 10 10 10 10 10 10 10 10 10 10 10 10 10	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
C (1808 (19)	PART C: UNMANIFESTED WASTE REPORT
•	THIS REPORT IS FOR A WASTE
	RECEIVED (day/mo/yr) 1 2 / 0 4 / 1 9 9 9
II. INSTALLATION'S EPA ID NUMBER	
III. NAME OF INSTALLATION	EMS, INC.
	EMIS, IINO.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
V. LOCATION OF INSTALLATION	
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SANFORD, FL 327	[7] 1 1 1 1 1 1 1 1 1 1
VI. INSTALLATION CONTACT	PHONE NO. (area code & no.)
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IX. CERTIFICATION	
I certify under penalty of law that I have personally examined and am famil	liar with the information submitted in this and all attached documents
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		oarts washer solve	nts and th	nen shi ppe d	d to the Safe	ety-K	deen	Lexi	ngtor	ı Re	сус	ie Ce	enter	מו) ד	Lexi	ingto	on, S	(U)				
for proc	cessing/tre	atment.																				
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	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
	RECEIVED (day/mo/yr) 0 9 / 0 7 / 1 9 9 9
II. INSTALLATION'S EPA ID NUMBER	
F L D 9 8 4 1 7 1 1 6 5	
III. NAME OF INSTALLATION	
SAFETY-KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1 1 1 1 1 1 1
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIIVE
S A N F O R D , F L 3 2 7	
VI. INSTALLATION CONTACT NAME (last and first)	PHONE NO. (area code & no.)
RAY ZIMMERMAN	4073216080
VII. TRANSPORTATION SERVICES USED (for Part A repor	ts only)
	·
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)	
A. COST ESTIMATE FOR FACILITY CLOSURE	
\$, ,	\$
IX. CERTIFICATION	
I certify under penalty of law that I have personally examined and am famil	ar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible	
true, accurate, and complete. I am aware that there are significant penaltic	
fines and imprisonment.	
A. Print or Type Name	B. Signature C. Date Signed
A. Fillit of Type Raine	o. o.g.iacaio

PACE 4 OF 16

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XXII. C	OMMENT	S (enter info	mation by li	ne numb	er - see ins	tructi	ons)				***	***	***						
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tne sole	e transporte	er under U.S. parts washer s	clyente and t	uitei IV# han ehier	od to the Sa	izuz. ifetv.:K	leen l	eyin	nton R	ecvo	le Ce	nter (in Le	cinato:	n. SC)			
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	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
	RECEIVED (day/mo/yr) 2 8 / 0 9 / 1 9 9 9
II. INSTALLATION'S EPA ID NUMBER	
F L D 9 8 4 1 7 1 1 6 5	
III. NAME OF INSTALLATION	
SAFETY-KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	1711
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.) 4 0 7 3 2 1 6 0 8 0
R A Y Z I M M E R M A N	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A repor	rts only)
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)	
A. COST ESTIMATE FOR FACILITY CLOSURE	
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IX. CERTIFICATION	
I certify under penalty of law that I have personally examined and am fami	iliar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible	e for obtaining the information, I believe that the submitted information is
true, accurate, and complete. I am aware that there are significant penalt	les for submitting false information, including the possibility of
fines and imprisonment.	
A. Print or Type Name	B. Signature C. Date Signed

	FACILITY R	EPORT - PARTS B &	. C	
	1. Date Received		WANTE FACILITIES FOR ID NO.	
•		ORT (enter an X)	XVII. FACILITIES EPA ID NO. F L D 9 8 4 1 7 1 1 6	5
	E ONLY 2. Received By	Part C		
		·	S (street or PO box, city, state,	& zio code)
XVIII. (BER APPLIED FOR BREV	ARD FIRE	RESCUE FLEE	
	ENERATOR NAME (specify) 3 5 1	WENNER V		
	VARD FIRE RESCUE COCO		32926	l
	LEET			
XIX. W	ASTE IDENTIFICATION			
~		A OUS	HANDLING METHOD AMOUNT OF WASTE	S OF
LINE NUMBER	A. DESCRIPTION OF WASTE	ARD AST	HANDLIN METHOD AMOUN OF WASTE	ASE
- <u> </u>	: :	B. EPA 1AZARDOUS WASTE NUMBER	J. J	E. UNITS OF MEASURE
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	OMMENTS (enter information by line number - see Inst			
Waste	was shipped from the generator's location to the Sanford Ser	vice Center without a	manifest. Safety-Kleen was	
	e transporter under U.S. EPA Transporter ID # ILD 9849082 with other parts washer solvents and then shipped to the Saf			
	cessing/treatment.		\ \\\\ \\\\ \\\ \\\ \\\ \\\\ \\\ \\\\ \\\ \\\ \\\ \\	ł
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**************************************	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
:	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
	RECEIVED (day/mo/yr) 1 7 / 1 2 / 1 9 9 9
II. INSTALLATION'S EPA ID NUMBER	
F L D 9 8 4 1 7 1 1 6 5	
III. NAME OF INSTALLATION	
SAFETY-KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	711
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
RAY ZIMMERMAN	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A repo	rts only)
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VIII. COST ESTIMATED FOR FACILITIES (For Part B Only	
A. COST ESTIMATE FOR FACILITY CLOSURE	
	\$, ,
IX. CERTIFICATION	
I certify under penalty of law that I have personally examined and am fam	iliar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible	e for obtaining the information, I believe that the submitted information is
true, accurate, and complete. I am aware that there are significant penalt	ges for submitting raise information, including the possibility of
fines and imprisonment.	
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A. Print or Type Name	B. Signature C. Date Signed

				FACILITY	REPOR	T - PA	RTS	3 & C	COCCA.	· Alichente					- CONTRACT		
		1. Date Recei														200000	
	OFFICAL		A CARROLL STREET	TYPE OF R	EPORT	(enter	an X)		XVII.	FACIL	_ITIE:	S EP/	A ID	NO.			
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(iten	ns 1 & 2)		L <u>L</u> P	art B	X Part	C								~~~~			
		ORS EPA ID NO.		XX. GEI		R'S A	DDRE	SS (stree	t or P	O bo	x, cit	y, sta	ate, ĉ	k zip	CO	de)
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XIX. GI	ENERATO	R NAME (specify)	351	WE	NNE	ΞR	WA	Υ								
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XIX. W	ASTE IDE	NTIFICATION															羉
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XXII. C	OMMENTS	(enter informat	ion by line numb	er - see ins	truction	ns) 🕺											
Waste v	was shippe	d from the general	tor's location to the	e Sanford S	ervice C	enter v	vithout	a ma	nifest	. Safe	ety-Ki	een w	/as	******	1000000		ARMAN
the sole	transporte	r under U.S. EPA	Transporter ID#	ILD 984908	202. Ti	ne was	te was	bulke	ed at 1	the Sa	enford	servi	ice				ı
		arts washer solver	nts and then shipp	ed to the Sa	ifety-Kle	en Lex	ington	Recy	/cle C	enter	(in Le	xingto	on, S	C)			Î
for proc	essing/trea	tment.															
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PACE 9 OF 16

i	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
II. INOTALLATIONIO EDA ID NUMBER	RECEIVED (day/mo/yr) 0 7 / 0 3 / 2 0 0 0
II. INSTALLATION'S EPA ID NUMBER	
III. NAME OF INSTALLATION	
SAFETY-KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
RAY ZIMMERMAN	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A report	s only)
	4.
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)	SECURIOR DE LA CONTRACTOR DE LA CONTRACT
A. COST ESTIMATE FOR FACILITY CLOSURE	
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IX. CERTIFICATION	
certify under penalty of law that I have personally examined and am familia	r with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible f	
true, accurate, and complete. I am aware that there are significant penalties	s for submitting false information, including the possibility of
fines and imprisonment.	
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A. Print or Type Name	B. Signature C. Date Signed

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		1. Date Recei																		-	
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XIX. W	ASTE IDEN	ITIFICATION							×												
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PACE 11 OF 16

	1. TYPE OF HAZARDOUS WASTE REPORT											
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT											
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0											
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT THIS REPORT IS FOR THE YEAR ENDING DEC 2 0											
	PART C: UNMANIFESTED WASTE REPORT											
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II. INSTALLATION'S EPA ID NUMBER												
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III. NAME OF INSTALLATION												
	EMS, INC.											
IV. INSTALLATION MAILING ADDRES												
600 CENTRAL PARK	DRIVE ,											
SANFORD, FL 327	7[1]											
V. LOCATION OF INSTALLATION												
600 CENTRAL PARK	DRIVE											
SIANFORD. FL 327	711											
VI. INSTALLATION CONTACT												
NAME (last and first)	PHONE NO. (area code & no.)											
RAY ZIMMERMAN	4 0 7 3 2 1 6 0 8 0											
VII. TRANSPORTATION SERVICES USED (for Part A repor	ts only)											
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)												
A. COST ESTIMATE FOR FACILITY CLOSURE												
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IX. CERTIFICATION												
I certify under penalty of law that I have personally examined and am famili												
and that based on the inquiry of those individuals immediately responsible true, accurate, and complete. I am aware that there are significant penaltic	· · · · · · · · · · · · · · · · · · ·											
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	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
II. INSTALLATION'S EPA ID NUMBER	RECEIVED (day/mo/yr) 2 9 / 0 8 / 2 0 0 0
F L D 9 8 4 1 7 1 1 6 5	
III. NAME OF INSTALLATION	
SAFETY-KLEEN SYST	EMS, UNC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	711
V. LOCATION OF INSTALLATION	
61010 CENTRAL PARK	DRIIVE
SANFORD, FL 327	
VI. INSTALLATION CONTACT	
VI. INSTALLATION CONTACT NAME (last and first)	PHONE NO. (area code & no.)
RAYZIMMERMAN	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A report	ts only)
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VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)	
A. COST ESTIMATE FOR FACILITY CLOSURE	
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IX. CERTIFICATION	
I certify under penalty of law that I have personally examined and am famili	ar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible	_
true, accurate, and complete. I am aware that there are significant penaltic	es for submitting false information, including the possibility of
fines and imprisonment.	
A. Print or Type Name	B. Signature C. Date Signed

PACE 14 OF 16

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PAGE 15 OF 16

	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 2 0
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 12 0
	PART C: UNMANIFESTED WASTE REPORT
:	THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 2 0 / 1 1 / 2 0 0 0
II. INSTALLATION'S EPA ID NUMBER	(ACOCIVED (Mayrinory))
F L D 9 8 4 1 7 1 1 6 5	
III. NAME OF INSTALLATION	
SAFETY - KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIIVE
SANFORD, FL 327	7111111111
V. LOCATION OF INSTALLATION	
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VI. INSTALLATION CONTACT NAME (last and first)	PHONE NO. (area code & no.)
RAY ZIMMERMAN	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A report	s only)
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VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)	
A. COST ESTIMATE FOR FACILITY CLOSURE	
IX. CERTIFICATION I certify under penalty of law that I have personally examined and am familia	with the information cultraited in this and all affached documents
and that based on the inquiry of those individuals immediately responsible f	·
true, accurate, and complete. I am aware that there are significant penalties	•
fines and imprisonment.	
A. Print or Type Name	B. Signature C. Date Signed
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28 July 1995

Sent Via Federal Express Airbill No. 3261359010



Mr. Robert Snyder Florida Department of Environmental Protection- Central Division 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803-3767

Re: Safety-Kleen Corp., Sanford, FL FLD 984171165 Unmanifested Waste Report

Dear Mr. Snyder:

In accordance with 40 CFR 264.76, Safety-Kleen is submitting the attached unmanifested waste report for 150 parts washer solvent generated by Senco of Florida (FLD 982081473). The service was completed on 24 July 1995.

A copy of EPA form 8700-13C has been completed for the unmanifested waste. Should you have any questions, please contact me at (904) 576-5979.

Sincerely.

Richard R. Morris

Environmental Engineer

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cc: Senco of Florida

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		FACILITY REPOR	IT-PARTS B & C	i en		
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XVIII	. GENERATOR'S EPA I.D. NO.	XX.G	ENERATOR'S ADDRES	S (street or r	O. DOX. City. State	<u>. & ZID COOP !</u>
	FLD982081473	71	1602 N. G			>
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	I. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
Use this form as a cover for all required reports.	THIS REPORT IS FOR THE YEAR ENDING DEC 31. 1 9
	PART B: FACILITY ANNUAL REPORT
	THIS REPORT FOR YEAR ENDING DEC 31. 1 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE RECEIVED (ASK MO. & VC)
II. INSTALLATION'S EPA I.D. NUMBER	and the state of t
FALD 984171 165 1	
III. NAME OF INSTALLATION	
SAFETY-KLEEW CORPOLATIO	
IV. INSTALLATION MAILING ADDRESS	
- STREET OR P.O. BOX	
3600 CENTRAL PARK DALIO	<u> </u>
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V. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
5 6 0 0 CENTERL PACK OFFICE	
CITY OR TOWN	ST. ZIP CODE
65000000	49 10 1 42 41 11
VI. INSTALLATION CONTACT	
MAME (lest and first)	PHONE NO. /area code 6 no.;
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VII. TRANSPORTATION SERVICES USED (for Part A reports	only)
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VIII. COST ESTIMATES FOR FACILITIES (for Part & reports of	B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
A. COST ESTIMATE FOR FACILITY CLOSURE	MAINTENANCE (disposal facilities only)
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IX. CERTIFICATION	emiliar with the information submitted in this and all attached documents.
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tion is true, accurate, and complete, I am aware that there are significal fine and imprisonment.	ent penalties for submitting false information, including the possibility of
A CRIMT OR TYPE WANT	A SIGNATURE C DATE SIGNED

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6 June 1995

Sent Via Federal Express Airbill No. 4905919653

Mr. Robert Snyder Florida Department of Environmental Protection- Central Division 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803-3767

RE: Safety-Kleen Corp., Sanford, FL

FLD 984171165

Unmanifested Waste Report

Dear Mr. Snyder:

In accordance with 40 CFR 264.76, Safety-Kleen is submitting the attached unmanifested waste reports for 150 parts washer solvent generated by Lynx Corp. (EPA ID No. FLO000443192). This report is a supplement to the incident report filed with your Department on 9 May 1995. The 9 May 1995 report has been attached for reference.

As explained in the 9 May 1995 report Safety-Kleen is currently manifesting SQGs using our 150 solvent. Lynx Corp. was not manifested from July 1994 through January 1995. Copies of EPA form 8700-13C have been completed for the unmanifested wastes. Also included are the service documents associated with the unmanifested wastes.

Please note that the waste codes for the 150 solvent changed in January 1995 as part of our annual waste recharacterization. A separate form 8700-13C has been prepared for the shipment in January 1995.

Should you have any questions, please contact me at (904) 576-5979.

Sincerely,

Richard R. Morris **Environmental Engineer**

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Enclosures

cc: Lynx Corporation



Sent Via Federal Express Airbill No. 3261359231

9 May 1995

Mr. Robert Snyder, P.E. Manager Hazardous Waste Section Florida Department of Environmental Protection 3319 Maguire Blvd., Suite 232 Orlando, FL 32803-3767

RE: Incident Report
Sanford Branch
Waste Accepted Without Generator EPA ID#

Dear Mr. Snyder:

Safety-Kleen accepted a number of hazardous waste shipments from Lynx Corp. (see attached service documents) without a generator EPA ID#. The company has applied for an EPA ID#. When the number is obtained unmanifested waste reports will be submitted for each shipment.

Safety-Kleen is currently manifesting SQG's which use our 150 solvent. Manifesting of SQG's who use this solvent will continue until the tolling agreement is in effect. At this time the Sanford Facility is receiving mostly 150 virgin solvent for distribution. When the branch starts to receive 150 recycled product, manifesting of 150 solvent for SQG's will be discontinued.

I attempted to obtain a copy of form 8700-12 filed by Lynx Corp., however we have not been able to locate any copies. It is expected that the facility will be receiving the EPA ID# in the near future. Safety-Kleen has discontinued servicing this customer until the number is obtained.

If you have any questions concerning this matter please call me at (904) 576-5979.

Sincerely,

Richard R. Morris

Environmental Engineer

North Florida Region

	I. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
Design and Control of the Control of	THIS REPORT IS FOR THE YEAR ENDING DEC 31. 1 9
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT FOR YEAR ENDING DEC 31. 4 9
	PART C: UNMANIFESTED WASTE REPORT
:	THIS REPORT IS FOR A WASTE RECEIVED (1991 mo. 8 yr.)
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II. INSTALLATION'S EPA I.D. NUMBER	
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VI. INSTALLATION CONTACT	PHONE NO. (Sign code 6 no.)
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List the EPA Identification Numbers for those transporters whose serv	ices were used during the reporting year represented by this report.
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VIII. COST ESTIMATES FOR FACILITIES (for Part B reports o	(iv)
	B. COST ESTIMATE FOR POST CLOSURE MUNITURING AND
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A PRINT OR TYPE NAME	8 SIGNATURE C DATE SIGNED

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TRANSPORTER 07-321-6080 DAVE MATOUSEK LDR NOT REQ'D . 0-220 DPL

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	II. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 31. 1 9
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT FOR YEAR ENDING DEC 31. 19
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE RECEIVED (Gay mo. & yr.)
II. INSTALLATION'S EPA I.D. NUMBER	
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V. LOCATION OF INSTALLATION	1
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VI. INSTALLATION CONTACT	PMONE NO (see considered
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VII. TRANSPORTATION SERVICES USED (for Part A reports of	only)
List the EPA Identification Numbers for those transporters whose servi	CR2 Mais march me . Che. und
VIII. COST ESTIMATES FOR FACILITIES (for Part & reports of	n/v)
A. COST ESTIMATE FOR FACILITY CLOSURE	B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal faculties only)
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IX. CERTIFICATION I certify under penalty of law that I have personally examined and am fa	imiliar with the information submitted in this and all artached occuments.
and that based on my inquiry of those individuals immediately responsition is true, accurate, and complete, I am aware that there are significating and imprisonment.	
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A PRINT OR TYPE NAME	B SIGNATURE C DATE SIGNED

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#000 North Randell Road Elgin, illinois 60123-7657

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SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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1000 North Randall Road Elgin, littnois 80 123-7857

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3-130-01-1823-8 LYNX C9RP SSS N MCGRUDER ORLANDO

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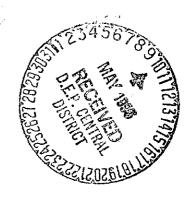
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IN THE EVENT OF AN EMERGENCY CALL 1:708-188-4660 (24 hours)

IN THE EVENT OF DEFAULT, SAFETY-RLEIN SKALL BE EXTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEEL.

GENERATORIOESIGNATED REPRESENTATIVE SIZUATURE





Sent Via Federal Express Airbill No. 3261359231

9 May 1995

Mr. Robert Snyder, P.E. Manager Hazardous Waste Section Florida Department of Environmental Protection 3319 Maguire Blvd., Suite 232 Orlando, FL 32803-3767

RE: Incident Report
Sanford Branch
Waste Accepted Without Generator EPA ID#

Dear Mr. Snyder:

Safety-Kleen accepted a number of hazardous waste shipments from Lynx Corp. (see attached service documents) without a generator EPA ID#. The company has applied for an EPA ID#. When the number is obtained unmanifested waste reports will be submitted for each shipment.

Safety-Kleen is currently manifesting SQG's which use our 150 solvent. Manifesting of SQG's who use this solvent will continue until the tolling agreement is in effect. At this time the Sanford Facility is receiving mostly 150 virgin solvent for distribution. When the branch starts to receive 150 recycled product, manifesting of 150 solvent for SQG's will be discontinued.

I attempted to obtain a copy of form 8700-12 filed by Lynx Corp., however we have not been able to locate any copies. It is expected that the facility will be receiving the EPA ID# in the near future. Safety-Kleen has discontinued servicing this customer until the number is obtained.

If you have any questions concerning this matter please call me at (904) 576-5979.

Sincerely,

Richard R. Morris Environmental Engineer North Florida Region

LDR NOT REQ D . . 0-220 DPL

SCHEDULED SERVICE TERRITORY 02

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REFERENCE NUMBER 787817

- 3-130-01-1823-8

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3-130-01-0831 LYNX CORP OCLANDO

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ORLANDO

1000 North Randell Road Eigin, Illinola 60123-7657

3-130-01-1823-8

655 N MCGRUDER

TRANSPORTER A07-321-6080 DAVE MATOUSEK

SCHEDULED SCHEDULED
SERVICE TERRITORY

211142

LOR NOT REQ°D 0-220 DP 3-130-01-0831

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FL 32305



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FL 32805

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1000 North Flandall Fload Elgin, Illinois 80123-7857

North Flandail Road

North Flandail Road

TRANSPORTER

SCHEDULED
SERVICE WEEK

94-42 LDR NOT REQ D 0-220 CP

SCHEDULED SERVICE WEEK

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3-130-01-17-8 LYNX SSS N'ACGRUDER ORLANDO

FL 32805

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SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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1000 North Randall Road

1000 North Randall Road

Elgin, Illinole 60123-7867

LDR NOT REQ*D

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TRANSPOR

1000 North Randall Road

TRANSPOR

407-321-6080 BILL

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TRANSPORTER

REFERENCE NUMBER

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3-130-01-1823-8 LYNX CORP SSS N NCGRUDER ORLAND C

Elgin, Illinois 60123-7857

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** TOTAL PAGE.09 **

IN THE EVENT OF AN EMERGENCY CALL: 1-708-888-4660 (24 hours)

KATZ, BARRON, SQUITERO & FAUST, P.A.

ATTORNEYS AT LAW

FIRST FT. LAUDERDALE PLACE 100 N.E. THIRD AVENUE, SUITE 280 FT. LAUDERDALE, FLORIDA 33301

BROWARD: (954) 522-3636 • (954) 781-4720 MIAMI-DADE (305) 856-2444 TELECOPIER: (954) 522-5119

www.kstzbarron.com

May 15, 2002

RONALD M. BARRON (1945 - 1994)

OF COUNSEL ROGER S. GOLDMAN ALICIA MORALES-FERNANDEZ RICHARD MORTON LAWRENCE N. ROSEN, P.A. WILLIAM A. ZEIHER, P.A.

MIAMLOFFICE: 2699 SOUTH BAYSHORE DRIVE SEVENTH FLOOR MIAMI, FLORIDA 33133-5408 TELEPHONE: (305) 856-2444 TELECOPIER: (305) 285-9227

Via: Facsimile and Certifed Mail

Mr. John White, Environmental Specialist Florida Department of Environmental Protection **Central District** 3319 Maguire Boulevard, Suite 232 Orlando, FL 32803-3767

Re:

FRANK T. ADAMS BERNARD ALLEN MARK S. AUERBACHER ALON BARZAKAY

KENNETH L. BEDNAR W. TODD BOYD

W. TODD BOYD
CHARLES D. BRECKER
MELISSA S. CHANNING
JORGE I.G. DEL VALLE
DAVID S. DROBNER
ERICA L. ENGLISH
MARC L. FAUST
HOWARD L. FRIEDBERG
ROBERT C. GRADY
ANA C. HARRIS
ELIZABETH A. HEISE
MATHAI JACOB
MICHAEL D. KATZ

MATHAI JACOB
MICHAEL D. KATZ
NICOLE T. KOPELOWITZ
PHILIPPE LIEBERMAN
MARIA C. MONTENEGRO
RICHARD A. MORGAN
CARLOS E. MUSTELIER JR.
ANTHONY H. PELLE
JOSE R. RIGUERA
WILLIAM D. BOLLDER

WILLIAM D. ROHRER JOHN R. SQUITERO MICHELE L. STOCKER

Seminole County - HW

Safety-Kleen Corp. Sanford Enforcement Case

Our File No: 19207.002

Dear Mr. White:

Please allow this to introduce our firm as retained counsel on behalf of Safety-Kleen Corporation in the above referenced matter. In that capacity we have reviewed the inspection report, correspondence between the parties and applicable law.

A review of the materials which we have been provided indicates that the Safety-Kleen facility is and has been in full compliance when inspected eight times during the period from December 10, 1993 through March 12, 2001. During that nine year time period the facility was at no time found to be not in compliance. Safety-Kleen as a corporate entity has employed approximately thirty (30) to thirty five (35) Florida residents at that facility since March of 1993. Safety-Kleen Corporation has and continues to be an extremely conscientious permitted hazardous waste storage facility operator and hazardous waste transporter. The company has made significant efforts to comply with all Federal and State guidelines regarding the transportation, transfer and storage of hazardous waste materials. Most significantly, Safety-Kleen has never through its actions, created an environmental hazard or otherwise caused the State of Florida environment to be compromised in any way. This despite having a fleet of almost twenty trucks which deliver twenty or more services and transport per day to the facility. During the entire operation of the facility there have been no spills, accidents or other such events which might have posed a threat to Florida's environment.

Reviewed in its entirety, Safety-Kleen's history as a transporter, transfer facility and hazardous storage facility operator at this facility is exemplary. Indeed, in the matter which Mr. John White Safety-Kleen Corp. Seminole County-HW Page 2

which is the subject of the hazardous waste inspection report dated August 10, 2001 the actions of Safety-Kleen in no way jeopardized or otherwise compromised the environment of the State of Florida. Numerous factors should be considered in mitigation of any penalty or fine to be levied against Safety-Kleen relevant to this report and subsequent warning letter. Specifically, is the generators' responsibility to make a hazardous waste determination pursuant to 40 CFR 262.11. Under that code section the generator is required to determine which portions of the hazardous regulations are applicable to it in its generator status. Upon formulating a determination as to its generator status it is the generators' responsibility to transport or offer for transport those materials pursuant to a prepared manifest. Small Quantity Generators are allowed to ship waste washer solvent to Safety-Kleen under the tolling agreement without a manifest pursuant to 40 CFR 262.20 (e) with conditionally Exempt Small Quantity Generators are only required to insure delivery to an authorized facility as per section 261.5(g)(3). It is our understanding that both contractors involved in this instance (Auto Skills Center and Dynacs), generate less than one hundred kgs/mo and are thereby conditionally Exempt Small Quantity Generators. While both generators are on NASA and Patrick Air Force Base sites and should have used their EPA identification numbers and manifests, these generators are certainly as culpable if not more so than Safety-Kleen for not identifying themselves as Large Quantity Generators and any paperwork identifying themselves as conditionally Exempt Small Quantity Generators. In fact, both of the above generators signed the paperwork at time of release of the materials to Safety-Kleen identifying themselves as conditionally Exempt Small Quantity Generators.

There was never any intent on the part of Safety-Kleen to conceal the fact that it was receiving the waste from the two subject generators (the paperwork trail is very clear and easy to follow) and Safety-Kleen had no incentive to receive the waste pursuant to a pre-printed form as opposed to a manifest. A review of both documents evidences that the same essential information is contained on the pre-print as on the manifest including shipping description, environmental protection agency codes and signatures.

The waste question was handled (i.e, recycled) in the same manner in which it would have been handled if it had been transported and received pursuant to a manifest. There was never any threatened or actual environmental harm.

The two generators in this case were not penalized in accordance with their self reporting actions. The Department's reference to a "history of non-compliance" involved an event which occurred in 1991. It is our understanding that Florida's penalty policy is only to consider violations which may have occurred within a five year period previous to the occurrence of the current violation. Safety-Kleen's record for the prior five year period is, again, exemplary. It appears that the Department, while apparently within its right to do so, has elected harsh implementation of a penalty which may amount to a double hit for the same violation, since Safety-Kleen was both the transporter and TSDF, in this instance.

Mr. John White Safety-Kleen Corp. Seminole Count-HW Page 3

increase training and the very technical nature of this violation, should be considered in mitigation of the assessments levied in this instance. Based upon all of the foregoing, Safety- Kleen respectfully requests that the Department reconsider its position and abate any penalty assessment relative to the above technical violations.

This letter would be incomplete if it did not express to the Department the commitment of Safety-Kleen Corporation including its professionals and managers of Florida operations to the absolute protection of Florida's environment. The management and employees of Safety-Kleen Corporation are recognized throughout the industry for excellence in the transportation, transfer and storage of hazardous waste materials.

Thank you in advance for your time spent reviewing this correspondence and favorable consideration with respect to the issues discussed herein. Safety-Kleen Corporation management as well as myself welcome the opportunity to discuss this matter with you in person and believe that such dialogue will continue to foster a better relationship between the Department and Safety-Kleen. I look forward to speaking with you at your earliest convenience.

Very truly yours,

KATZ, BARRON, SQUITERO & FAUST, P.A.

Kenneth L. Bednar

For the Firm

KLB/ms

cc: Jim Childress Craig Lackey





April 22, 2002

Mr. John White, Environmental Specialist Florida Department of Environmental Protection Central District 3319 Maguire Boulevard, Suite 232 Orlando, FL 32803-3767

Re:

Response to Letters Dated March 14, and April 16, 2002

Safety-Kleen Systems, Inc. Sanford, FL Facility

EPA ID# FLD 984 171 165

Dear Mr. White:

In response to the above-referenced letters, pertaining to violations alleged by letter dated October 11, 2001, Safety-Kleen has determined that the proposed settlement, in consideration of the circumstances, offer is not acceptable. As such, we respectively request that this matter be held in abeyance until May 15, 2002, at which time, a formal letter addressing this issue will be forwarded to your Department.

Thank you for your attention in this regard. If you have any questions or desire further clarification with, regard to this correspondence, please feel free to contact me at (615) 350-5369.

Sincerely,

ames C. Childress, CHMM

Regional Environmental Compliance Manager

Cc: Keith Marcille, Safety-Kleen

Matt Hedrick, Safety-Kleen

Craig Lackey, Safety-Kleen

Kenneth L. Bednar

Safety-Kleen Ltd. Fined \$100,000

YORKTON, December 3, 2001 - Safety-Kleen Ltd., also known as Safety-Kleen Services (Canada) Ltd. and Laidlaw Environmental Services Ltd. of Winnipeg, Manitoba was fined \$100,000 in Yorkton Provincial Court, Saskatchewan, on Friday November 30, on charges relating to transport and export of hazardous waste.

Provincial Court Judge E.S. Bobowski sentenced Safety-Kleen Ltd. to a fine of \$50,000 for failing to give notice of the proposed export of hazardous waste under the Canadian Environmental Protection Act (CEPA,1999). They were also fined \$25,000 on each of two charges under the Transportation of Dangerous Goods Regulations (TDGR) for handling and transporting flammable materials without proper shipping documents and handling and transporting flammable materials without applicable safety marks.

The charges stemmed from the export of 54 drums of hazardous waste paint

by-products to a waste facility in North Dakota on October 15, 1998. Leon-Ram Enterprises Inc. of Yorkton, Saskatchewan, had contracted Safety-Kleen Ltd. to ship the waste to the facility.

Leon-Ram Enterprises Inc. had previously pled guilty to one charge under CEPA and one charge under the TDGR and on July 4, 2001 was sentenced to a fine of \$4,000.

The investigation was conducted by Environment Canada and Transport Canada.

The Canadian Environmental Protection Act, 1999 carries a maximum fine of \$300,000 or up to six months in jail on summary conviction. The maximum fine under the Transportation of Dangerous Goods Act is \$100,000.

The Green Lane



Jeb Bush Governor

Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

April 16, 2002

David B. Struhs Secretary

Certified Mail 7000 1530 0002 1948 3894

Matt Hedrick
Environmental Health & Safety Manager
Safety-Kleen Corp.
5309 24th Avenue South
Tampa, Florida 33619

OCD-HW/E-02-0143

Seminole County – HW Safety-Kleen Corp. Sanford Enforcement Case

Dear Mr. Hedrick:

On March 15, 2002, a letter was mailed to you requesting written assurances from an Officer of Safety-Kleen Corp. that the training program proposed in your February 28, 2002 letter would be maintained. A copy of the letter, dated March 14, 2002 is attached.

I have not received a response to my request and, therefore, have not been able to draft a Consent Order to resolve this case. Within 5 days of receipt of this letter, please provide a written response to my request or a written response indicating that this settlement offer is not acceptable.

Sincerely,

John White

Environmental Specialist

jw

Attachment: March 14, 2002 Letter to Safety-Kleen Corp.



Department of Environmental Protection

Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

March 14, 2002

Matt Hedrick
Environmental Health & Safety Manager
Safety-Kleen Corp.
5309 24th Avenue South
Tampa, Florida 33619

OCD-HW/E-02-0102

Seminole County – HW Safety-Kleen Corp. Sanford Enforcement Case

Dear Mr. Hedrick:

I have reviewed your response to the Department's Warning Letter, dated February 28, 2002. Based on your response and the information conveyed to Lu Burson during the meeting on February 21, 2002, the civil penalties have been adjusted in an effort to resolve this case in an informal manner. The penalty computation worksheet is attached.

I appreciate your efforts to modify Safety-Kleen's training program to ensure wastes removed from large quantity generator locations such as Kennedy Space Center and Patrick Air Force Base are transported on a hazardous waste manifest. Since this is the second time Safety-Kleen has proposed the same solution to address this recurring violation, I am requesting written assurances from an Officer of Safety-Kleen Corp. that this time the training program will be maintained.

Once you have provided the requested assurances, a Short Form Consent Order will be issued to resolve the current enforcement case. If you have any questions, I can be reached at (407)893-3323.

Sincerely,

John White

Environmental Specialist

jw

Attachment: Penalty Computation Worksheet

"More Protection, Less Process"

Printed on recycled paper.

PENALTY COMPUTATION WORKSHEET

Violator's Name: Safety-Kleen Corp

Identify Violator's Facility: Safety-Kleen Sanford

Name of Staff Responsible for the Penalty Computations: John White Date: March 14, 2002

	Violation	Manual	Potential	Extent	Matrix	Multi	Other	Total
	Туре	Guide	for Harm	of Deviation	Range	Day/Event	Adjustments	
a.	264.76, Permit Condition 14	5.2	Minor	Moderate	\$500- \$1,499	N/A	\$149	\$1,648
b.	263.20(a)	5.1	Minor	Moderate	\$500 - \$1,499	\$1,400	N/A	\$2,899

Gravity Based Assessments

The high end of the Matrix Range Minor/Moderate, \$1,499, was selected for each of these violations.

Multi-Day/Event & Other Adjustments

For the purposes of settlement, the multi-day component of Item a, not providing unmanifested waste reports in a timely manner, originally approximated at 46 days, was removed.

The multi-event calculated for the failure to use a hazardous waste manifest was calculated using the lower end of the multi-day range for the Minor/Moderate category, \$100. 15 shipments without a manifest is calculated at \$1,400.00. This is based on (the number of events -1) times the dollar amount for the

The 10% history of non-compliance for Item b. was removed. Item a. remains because the same violation occurred at the same facility after the Department had been provided with assurances that training programs would address this issue.

TOTAL PENALTY AMOUNT FOR ALL VIOLATIONS: \$4,547.00

Prepared by:

Environmental Specialist

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	☐ Agent ☐ Addressee
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2. Article Number	165
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DEPARTMENT OF ENVIRONMENTAL PROTECTION

CENTRAL DISTRICT

3319 MAGUIRE BLVD., SUITE 232

ORLANDO, FL 32803 - 3767

33





Department of Environmental Protection

jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

March 14, 2002

Matt Hedrick
Environmental Health & Safety Manager
Safety-Kleen Corp.
5309 24th Avenue South
Tampa, Florida 33619

OCD-HW/E-02-0102

Seminole County – HW Safety-Kleen Corp. Sanford Enforcement Case

Dear Mr. Hedrick:

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John White

Environmental Specialist

jw

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b.	263.20(a)	5.1	Minor	Moderate	\$500 - \$1,499	\$1,400	N/A	\$2,899

Gravity Based Assessments

The high end of the Matrix Range Minor/Moderate, \$1,499, was selected for each of these violations.

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The 10% history of non-compliance for Item b. was removed. Item a. remains because the same violation occurred at the same facility after the Department had been provided with assurances that training programs would address this issue.

TOTAL PENALTY AMOUNT FOR ALL VIOLATIONS: \$4,547.00

Prepared by:

John White

Environmental Specialist

3/14/02



Department of Environmental Protection

Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

March 14, 2002

Matt Hedrick Environmental Health & Safety Manager Safety-Kleen Corp. 5309 24th Avenue South Tampa, Florida 33619 OCD-HW/E-02-0102

Seminole County – HW Safety-Kleen Corp. Sanford Enforcement Case

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Environmental Specialist

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TOTAL PENALTY AMOUNT FOR ALL VIOLATIONS: \$4,547.00

Prepared by:

John White

Environmental Specialist

3/14/02





Certified Mail Tracking # 70011940000588551493

February 28, 2002

Mrs. Lu Burson
Department of Environment Protection
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32903-3767

Re: Seminole County – HW

Safety-Kleen Corp. (Sanford)

Unmanifested Waste Report Meeting 2/18/02

Dear Mrs. Burson,

The purpose of this letter is to respond to the meeting on February 21, 2002 regarding the alleged violations surrounding the transport and acceptance of hazardous waste from two large generators (U.S. Patrick Air Force Base and U.S. NASA Kennedy Space Center) without uniform hazardous waste manifests.

As per our discussion, Safety-Kleen agreed to provide a written description of current control measures and future actions, which will be implemented, to address the aforementioned situation. This program is (and will be) utilized for the purpose on managing our customers in a manner compliant with State and Federal RCRA regulations.

Currently our corporate Manifest Department provides a quarterly target list. The target list provides a list of generators that could potentially exceed conditionally exempt quantity limits. Existing customers adding to their service agreement, change of address, historic data on quantities received and failure to provide CESQG applications are elements that pinpoint potential target list customers. The local branch must determine why a customer is on the list, notify the customer or provide the corporate Manifest Department with documentation showing proof of CESQG status.

However, as detailed as this process maybe, it will still be limited in its ability to catch all potential small quantity generators who claim to be CESQG. The target list pulls information by waste streams on separate accounting codes, solvent and industrial wastes are the two main waste streams accepted by Safety-Kleen. Currently the branches are manually reviewing separate accounting waste streams for one generator to determine if the combined generator waste could possible change generator status. Combining all accounting waste streams will shortly be a function the target list can provide. The

program cannot, however, anticipate wastestreams not managed in the Safety-Kleen system (e.g. managed and shipped via other venders). This illustrates the absolute necessity (and regulatory obligation) for generators to provide accurate information (for both type and quantity) regarding their wastestreams prior to offering for transportation and/or disposal.

Even with the added function of combining waste accounting groups, Auto Skill Center and Dynamics, would not have been flagged as a target list customer because the contractor has a different name and address than NASA and Patrick AFB. Safety-Kleen's Compliance Department will address this issue through three ways, Compliance Alert addressing contractors on government compounds, training and frequent waste acceptance audits.

To address future confusion surrounding the issue of contractors at federal facilities, Jim Childress, Southeast Division Regional Compliance Manager, will issue a Compliance Alert to all Florida branches stating that all contractors on government compounds should managed as large quantity generators. Further, the contractor(s) will be required to use the government entity's, in which location they operate, EPA identification number unless the waste they are producing is not related to the entity's operations. The local branches will be required to review the Compliance Alert with their staff members and provide an attendance list with signatures.

Required shipping papers, EPA generator status and Branch Operating Guidelines for receiving waste at generators' sites, training and training material will be expanded to stress importance and make certain employee competency, in the state of Florida. This training will be conducted during the required annual RCRA training and/or if requirements of these standards are found not to be meet by an individual or branch. Sanford facility will be receiving awareness training on these issues on March 11, 2002 and again during their RCRA annual update, which we invite and encourage you attend, on April 26, 2002.

Finally, the Compliance Department will be prioritizing generator status during routine site visits, monthly inspections and during its bi-annual comprehensive audit. Customer files from previous incidents and target lists will be stringently reviewed for compliance.

In efforts to meet the FDEP's vision of holding both generator and waste disposal companies equally responsible, it would greatly benefit Safety-Kleen if the DEP can provide corrective actions for both NASA and Patrick Air Force Base established to guarantee future compliance concerning this occasion.

I hope that our meeting of February 21, 2002 and the information provided in this correspondence provides your office with sufficient clarification as to why we believe that; multi-day penalties are not warranted, penalties regarding previous compliance history, in this matter, are inconsistent with FDEP Policy, and why we should not be penalized more than the aforementioned generators (even considering that one of the generators involved made self disclosure of the issue).

I look forward to discussing our proposed corrective actions as well as, the government installation's proposals to ensure the aforementioned matter is not repeated. If you have any questions or require further clarification regarding this letter, please contact me at (813) 340-0976.

Sincerely,

Matt Hedrick

Mast HEDRICK

Environmental, Health and Safety Manager

Cc: Jim Childress, Safety-Kleen Craig Lackey, Safety-Kleen Keith Marcille, Safety-Kleen



Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

safely Kleer

Type of meeting

NAME	AFFILIATION	PHONE w/ area code	E-MAIL
Lu Burson	FDEP	1407)893-3323	In burs in Offoridadep. net J (nittress & Safety-Kleen. Com Mhedrick Of Safety-Kleen. Com
Jim Childress	Sofity-Kleen Safety-Kleen	(615) 350-5369 (813) 626-1203	J (ni Hress & Safety-Kleins Com
Matt Hedrick	Safety-Kleen	(813) 626-1203	Mhedick @ Safety-Kleen. Com
			•
	•		





December 19, 2001

3319 Maguire Boulevard, Suite 232 Orlando, FL 32803

Dear Mr. Burson:

My name is Matt Hedrick and I recently accepted the Environmental Health and Safety Manager position for the Florida Safety-Kleen. I have been with Safety-Kleen for seven years, two years as Western Director of Health and Safety and five years environmental compliance for various states. I have an undergraduate degree in Industrial Hygiene from East Carolina University and a MBA from Marquette University.

Due to my recent move I cannot provide a current business card. I have listed my mailing address and telephone numbers below. I will provide you with a business card as soon as possible.

I look forward to meeting and working with you in the near future. If you have any questions or concerns, please feel free to call me at anytime.

Sincerely.

Matt Hedrick

Florida Region EHS Manager

Matt Hedrick

5309 24th Avenue South

Tampa, FL 33619

Office: (813) 626-1203

Cell: (813) 340-0976

Fax: (813) 626-7528



Department of Environmental Protection

Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

December 4, 2001

David B. Struhs Secretary

Safety-Kleen 7140 Centennial Place Nashville, Tennessee 37209 OCD-HW/C-01-0336

Attention: James C. Childress

Regional Environmental Compliance Manager

Seminole County – HW Safety-Kleen Unmanifested Waste Reports

Dear Mr. Childress:

I am in receipt of your response dated November 19, 2001. As you have correctly noted, the Auto Skill Center operates on U.S. Patrick Air Force Base and Dynacs operates on U.S. NASA Kennedy Space Center. While both operations generate minimal amounts of hazardous waste, that waste is subject to regulation under the standards for generators found in 40 CFR Part 262 and adopted by the Department in 62-730.160(1).

U.S. Patrick Air Force Base and U.S. NASA Kennedy Space Center each use multiple contractors to carry out their respective operations. As "facilities" all hazardous waste generated as a result of base operations counts towards their monthly generation rates. As a result, each base generates greater than 1,000 kilograms of hazardous waste each calendar month. Therefore, a hazardous waste manifest is required for off-site transportation of hazardous waste from each of these facilities.

Safety-Kleen was already aware of this requirement and has been cited for this same violation in the past. An inspection of Safety-Kleen on October 30, 1991 identified several instances of Safety-Kleen transporting hazardous waste without a manifest, including shipments of hazardous waste from U.S. NASA Kennedy Space Center. Attached is a letter dated February 25, 1992 identifying steps taken by Safety-Kleen to prevent this violation from recurring.

I welcome any suggestions you may have to assist the Department in preventing this violation in the future.

Sincerely,

John White

Environmental Specialist

jw

cc: Jason Sherman, OGC

"More Protection, Less Process"

Printed on recycled paper.



February 25, 1992

Sent Via Federal Express Mail - February 25, 1992

Mr. Robert Snyder, P.E.
Hazardous Waste Section
Florida Department of Environmental
Regulation - Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

Subject: RCRA Inspections Dated May 17 and Oct. 30, 1991 Response to Recommended Corrective Action 10.a. Safety-Kleen Corp. - Altamonte Springs Branch EPA ID No. FLD 097 837 983

Dear Mr. Snyder:

The purpose of this letter is to respond to one of the recommended corrective actions specified in John White's inspection report dated November 14, 1991.

Section 10.a. of the report recommends that Safety-Kleen must "provide a written plan designed to identify other facilities where this violation has occured and correct the violation." The alleged violation referenced is that Safety-Kleen transported hazardous waste without a manifest from 2 customers who are large quantity generators. Safety-Kleen already explained in our response dated January 13, 1992 as to why the alleged violation occurred and that the matter has been resolved. This response is to provide to you the written plan requested.

In our response dated January 13, 1992, we mentioned that development of the plan requires a possible coordination between FDER's/USEPA Region IV's and Safety-Kleen's database of EPA ID numbers. Such a coordination was attempted between the State of Minnesota's and Safety-Kleen's databases.

The merging between the two systems was not successful. The computer comparison can only be done either by company name or by address. Cross checking between company names and addresses was not successful because the name or address in Safety-Kleen's system differed from the name or address of the State of Minnesota's system, for the same customer. Many

such discrepancies were noted and were found to be unmanageable at the computer level.

Given our experience in Minnesota, Safety-Kleen has decided to first deal with this issue manually. Beginning September, 1991, Safety-Kleen began using EPA Region IV's list of EPA ID numbers for all of Florida's Large Quantity Generators and Small Quantity Generators between 100 to 1000 kg/month. We have since decided to obtain such printouts from FDER's Bureau of Information systems every calendar quarter beginning 1992's second quarter. We decided to use Florida's system rather than EPA Region IV's because according to a discussion with Mr. Michael Redig of BWPR-FDER on February 24, it was indicated that the information in the state's system would be more current. We feel that a quarterly update is appropriate at this time realizing that the state's system will change periodically.

Each Safety-Kleen Corp. branch in Florida should have the FDER prinouts in March. Before a pick-up of hazardous waste is made from a customer, the branch compares the generator status on the customer invoice with the status on the EPA listing. Corrections are made when an inconsistency in generator status is found. Since we do pick-up wastes from all our customers every 4 weeks or even up to every 16 weeks, each branch will eventually cross check all of its customers by the end of a 16 week cycle. Cross checking between customer invoices and the FDER listing will commence in 1992's second calendar quarter.

As far as accepting hazardous waste from government-owned, contractor operated facilities, each branch is now aware that any waste pick-up within a government owned base or facility even if there are contractors within it must comply with all applicable manifesting requirements. There are only a very small number of such facilities within a branch's sales region therefore, each branch has been made aware to use the generator status and the EPA ID number of the entire base or facility.

We hope that this plan is satisfactory. If you have any questions or concerns, please call me at (813) 682-1176.

Sincerely,

Victor L. San Agustin, P.E.

Regional Environmental Engineer

Tampa Region

cc: Allan Farmer, USEPA IV
Satish Kastury, BWPR-FDER
Michael Redig, BWPR-FDER
Bill Kellenberger, NW-FDER
Ashwin Patel, NE-FDER
Bill Kutash, SW-FDER
Bill Bostwick, CF-FDER
Phil Barbaccia, SF-FDER
Bob Kukleski, SE-FDER



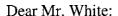
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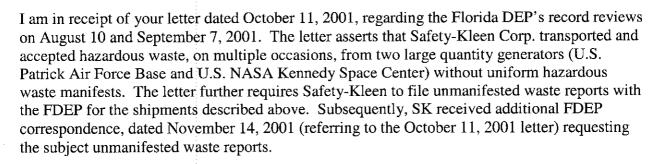
Certified Mail # 7000 520 0014 0101 4359

Mr. John White, Environmental Specialist Florida Department of Environmental Protection Central District 3319 Maguire Boulevard, Suite 232 Orlando, FL 32803-3767

Re:

Response to Letter Dated October 11, 2001 Safety-Kleen Systems, Inc. Sanford, FL Facility EPA ID# FLD 984 171 165





As per our discussion, regarding the above, it was Safety-Kleen's intention to attend a meeting with your Department to discuss the situation and the underlying issues prior to submission of the unmanifested waste reports. Accordingly, I was informed that Mr. Jason Sherman, Office of General Counsel would coordinate any such effort and, it was my impression, that we should wait to hear from him. Following our later discussion on November 19, 2001, I now understand that the FDEP required submission of the unmanifested waste reports beyond any formal meeting with the Department. These reports are attached for your review.

As way of explanation for the above "unmanifested shipments;" Safety-Kleen utilizes an "SK Service Document" to transport wastes from CESQG's and SQG's under a tolling agreement. Prior to your letter of October 11, 2001, it was SK's understanding that the two customers (Auto Skill Center and Dynacs) were CESQG's (the two companies operate as contractors for U.S. Patrick Air Force Base and U.S. NASA Kennedy Space Center respectively and generate minimal quantities of waste). Additionally, representatives for Auto Skill Center and Dynacs consistently initialed the SK Service Documents indicating a CESQG status.

Finally, as you are aware, Scott Schneider has left the environmental department to pursue other interest within Safety-Kleen. As such, I am assuming responsibilities of his position until I can fill the vacated position. Mr. Keith Marcille remains your point of contact at the facility.

7140 CENTENNIAL PLACE

NASHVILLE, TN 37209

615/350-5300

FAX 615/350-5325

Correspondence, which needs my attention, should be directed to me at: Safety-Kleen, 7140 Centennial Place, Nashville, TN 37209.

I look forward to meeting with you in the near future to discuss the aforementioned matter. If you have any questions or desire further clarification with, regard to this correspondence, please feel free to contact me at (615) 350-5369.

Sincerely,

James C. Childress, CHMM

Regional Environmental Compliance Manager

Enclosures

Cc: Keith Marcille, Safety-Kleen

Craig Lackey, Safety-Kleen Rick Peoples, Safety-Kleen

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Waste	was shipped from the generator's l	ocation to the Sanford fa	cility	/ wit	hou					-						
	insporter under U.S. EPA Transpo arts washer solvents, and then ship													th		
	ng by distillation.	and the sales of the sales			<b>!</b>	y	J.D Q	J. 10	J. (A)	///	را الحدق.	,,	.5.			

	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0
Use this form as a cover for all required reports.	PART B: FACILITY ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
	RECEIVED (day/mo/yr) 0 7 / 1 1 / 2 0 0 0
II. INSTALLATION'S EPA ID NUMBER	
F L D 9 8 4 1 7 1 1 6 5	
III. NAME OF INSTALLATION	
SAFETY-KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRESS	
600 CENTRAL PARK	DRUVE
S A N F O R D , F L 3 2 7 7 1	
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
S A N F O R D , F L 3 2 7 7 1	
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)  4 0 7 3 2 1 6 0 8 0
K E I T H M A R C I L L E	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A report	s only)
	·
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)	
A. COST ESTIMATE FOR FACILITY CLOSURE	
\$ , , , , ; .	\$ , , ,
IX. CERTIFICATION	
I certify under penalty of law that I have personally examined and am f	amiliar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately respons	sible for obtaining the information, I believe that the submitted information is
true, accurate, and complete. I am aware that there are significant per	nalties for submitting false information, including the possibility of
fines and imprisonment.	į
A. Print or Type Name	B. Signature C. Date Signed
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	OR OFFICAL										PORT (enter an X) XVII. FACILITIES EPA ID NO.    F   L   D   9   8   4   1   7   1   1   6   5												.3000	201					
	s 1 & 2)				-,		۱r	Par	rt B	Х	Pá	art (	;				•			Berra Cr		-							
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LINE		A.	DES	CRIP ⁻	TION	I OF	WAS	STE				B. EPA	HAZARDOUS	WASTE				C. HANDLING				D. AMOUNT	OF			ļ	E. UNITS OF	MEASURE	
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|                                                                          | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                   | PART A: GENERATOR ANNUAL REPORT                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                       | PART B: FACILITY ANNUAL REPORT                                                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          | PART C: UNMANIFESTED WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          | THIS REPORT IS FOR A WASTE                                                      |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          | RECEIVED (day/mo/yr) 0 8 / 0 7 / 2 0 0 0                                        |  |  |  |  |  |  |  |  |  |  |  |  |
| III. INSTALLATION'S EPA ID NUMBER                                        |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                  |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                                |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| SAFETY - KLEEN SYST                                                      | EMS, INC.                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRES:                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                         | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                        |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                              |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                         | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT  NAME (last and first)                          | PHONE NO. (area code & no.)                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| KEITH MARCILLE                                                           | 4 0 7 3 2 1 6 0 8 0                                                             |  |  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                    | s only)                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |
| VII. THATOP ON ATTOR SERVICES GOES (101 - GIVA : SPON                    | 5 d.ii, y                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                          |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                    |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                    |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| \$ , , , , , , , , , , , , , , , , , , ,                                 | \$ , , , , , , , , , , , , , , , , , , ,                                        |  |  |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                        |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| I certify under penalty of law that I have personally examined and am fa | amiliar with the information submitted in this and all attached documents       |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          | ible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant per  | nalties for submitting false information, including the possibility of          |  |  |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                  |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                          |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| A, Print or Type Name                                                    | B. Signature C. Date Signed                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |

| FACILITY REPORT - PARTS B & C  |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|------------|--|--|--|--|--|--|--|
|                                | 1. Date Received                                                                                                | - OPT /                                | VALLEACH ITIES EDA ID NO                                       |            |  |  |  |  |  |  |  |
|                                | OFFICAL - 19 XVI TYPE OF REI                                                                                    | PORT (enter an X)                      | XVII. FACILITIES EPA ID NO.                                    |            |  |  |  |  |  |  |  |
|                                | ns 1 & 2) Part B X                                                                                              | Part C                                 |                                                                | I          |  |  |  |  |  |  |  |
| XVIII. C                       | GENERATORS EPA ID NO. XX. GENE                                                                                  | RATOR'S ADDRESS                        | S (street or PO box, city, state, & zip o                      | ode)       |  |  |  |  |  |  |  |
| FL2570024404 AUTO SKILL CENTER |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
| XIX. GE                        | ENERATOR NAME (specify) 1 6 3 2                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
|                                | PATR                                                                                                            | ICK AFB,                               | F L 3 2 9 2 5                                                  |            |  |  |  |  |  |  |  |
| XIX. W                         | ASTE IDENTIFICATION                                                                                             |                                        |                                                                |            |  |  |  |  |  |  |  |
| α.                             |                                                                                                                 | B. EPA<br>HAZARDOUS<br>WASTE<br>NUMBER | D T T TO                                                       | MEASURE    |  |  |  |  |  |  |  |
| LINE<br>NUMBER                 | A. DESCRIPTION OF WASTE                                                                                         | EP,<br>ARD<br>ASTI<br>MBE              | HANDLING<br>METHOD<br>OF<br>WASTE                              | ASU        |  |  |  |  |  |  |  |
| NO                             |                                                                                                                 | HAZ B                                  | C. H. G. M. H. M. M. H. M. M. M. M. M. M. M. M. M. M. M. M. M. | <u>`</u> ≝ |  |  |  |  |  |  |  |
| 1                              | Waste Combustible Liquid, N.O.S. (Petroleum Naptha)                                                             | D001D039                               | S O 2 1 1 7 G                                                  | $\Pi\Pi$   |  |  |  |  |  |  |  |
|                                | NA1993 PGIII (ERG # 128)                                                                                        | D018D040                               |                                                                | $\bot$     |  |  |  |  |  |  |  |
| 2                              |                                                                                                                 |                                        | <del>╬╂┧┦╎┞┨╂╂┩┨┞</del> ╁╂╂                                    | ┽┼┥        |  |  |  |  |  |  |  |
| 3                              |                                                                                                                 |                                        | <del>┫┋╏╏╏</del>                                               | ╁╁┪        |  |  |  |  |  |  |  |
|                                |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
| 4                              |                                                                                                                 |                                        |                                                                | 44         |  |  |  |  |  |  |  |
|                                |                                                                                                                 |                                        | <del>▋▋▍</del> ╏┆                                              |            |  |  |  |  |  |  |  |
| 5                              |                                                                                                                 |                                        | ╂╃╀╀┼┼┼┼┼┼┼┼┼                                                  | +++        |  |  |  |  |  |  |  |
| 6                              |                                                                                                                 |                                        | <del>┫╽╏╽</del> ╏╏┩                                            | ++1        |  |  |  |  |  |  |  |
|                                |                                                                                                                 |                                        |                                                                | Ш          |  |  |  |  |  |  |  |
| 7                              |                                                                                                                 |                                        | ╃╀╀╀╀┼┼┼┼┼┼┼┼┼                                                 |            |  |  |  |  |  |  |  |
| 8                              |                                                                                                                 | ┠┼┼┼┼                                  | ╉╀╏┼┼┼┼┼┼┼┼┼┼┼┼                                                | ╂╂┤        |  |  |  |  |  |  |  |
| ľ                              |                                                                                                                 |                                        | <del>┪</del> ┪┪┪┪┪┪┪                                           |            |  |  |  |  |  |  |  |
| 9                              |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
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| 10                             |                                                                                                                 |                                        |                                                                | ++-        |  |  |  |  |  |  |  |
| 11                             |                                                                                                                 |                                        |                                                                | ++-        |  |  |  |  |  |  |  |
|                                |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
| 1 2                            |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
|                                |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
|                                | OMMENTS (enter information by line number - see inswas shipped from the generator's location to the Sanford for |                                        | est. Safety-Kleen was the                                      |            |  |  |  |  |  |  |  |
| sole tra                       | ansporter under U. S. EPA Transporter ID # SCR 0000751                                                          | 50. The waste was b                    | ulked at the Sanford facility with                             |            |  |  |  |  |  |  |  |
|                                | earts washer solvents, and then shipped to the Safety-Kleer                                                     | n Lexington Recycle 0                  | Center (in Lexington, SC) for                                  |            |  |  |  |  |  |  |  |
| recycur                        | ng by distillation.                                                                                             |                                        |                                                                |            |  |  |  |  |  |  |  |
| 1                              |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
|                                |                                                                                                                 |                                        |                                                                |            |  |  |  |  |  |  |  |
|                                |                                                                                                                 |                                        |                                                                | ١          |  |  |  |  |  |  |  |
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|                                                                                                     | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                                              | PART A: GENERATOR ANNUAL REPORT                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                     | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                                                  | PART B: FACILITY ANNUAL REPORT                                                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b> </b>                                                                                            | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                     | PART C: UNMANIFESTED WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                     | THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 9 / 0 8 / 2 0 0 0             |  |  |  |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                                                    | HEGELVED (daymary)                                                              |  |  |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                                             |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                                                           |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| SAFETY-KLEEN SYST                                                                                   | EMS, INC.                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRES                                                                     |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                                                    | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                                                   |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                                                    | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L 3 2 7 7 1                                                                       |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT                                                                            |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME (last and first)                                                                               | PHONE NO. (area code & no.)                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| KEITH MARCILLE                                                                                      | 4 0 7 3 2 1 6 0 8 0                                                             |  |  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                               | s only)                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                     |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                               |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                               |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| \$ , ,                                                                                              | \$ , , ,                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                                                   |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| I certify under penalty of law that I have personally examined and am fa                            | amiliar with the information submitted in this and all attached documents       |  |  |  |  |  |  |  |  |  |  |  |  |
| · · ·                                                                                               | ible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant pen-<br>fines and imprisonment. | alties for submitting false information, including the possibility of           |  |  |  |  |  |  |  |  |  |  |  |  |
| illes and imprisorment.                                                                             |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                                               | B. Signature C. Date Signed                                                     |  |  |  |  |  |  |  |  |  |  |  |  |

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|          |                   |                                            |                     | FACILITY R                              | EPOI | ₹T -    | PAI  | ₹T\$ | В&     | Č         | <del></del>      |        |         |            |         |        | ******         |         |    |
|----------|-------------------|--------------------------------------------|---------------------|-----------------------------------------|------|---------|------|------|--------|-----------|------------------|--------|---------|------------|---------|--------|----------------|---------|----|
|          |                   | 1. Date Receive                            |                     | TYPE OF BEI                             | 30D  | г / a.v |      | an V | A      | VV        | II EA            | CILI   | TIES    | ΈDΛ        | . ID N  | IO     |                |         |    |
|          | OFFICAL<br>E ONLY | 2. Received By                             | 7 XVI               | TYPE OF REI                             | OR   | (er     | iter | an A | 7 88   |           |                  |        | 8 4     |            |         |        | Γ              |         | ** |
|          | ns 1 & 2)         |                                            | P                   | art B X                                 | Pai  | rt C    |      |      |        | -         | -                |        |         |            |         |        |                |         |    |
| XVIII. G | SENERAT           | ORS EPA ID NO.                             |                     | XX. GENE                                |      |         |      |      | -      |           |                  |        | box     | , city     | , stat  | e, &   | zip (          | code    | 3) |
|          | FL                | 2570024                                    | 4 0 4               | АИТО                                    |      |         |      |      |        |           | TE               |        |         |            |         |        |                |         |    |
| XIX. GE  | NERATO            | R NAME (specify)                           |                     | 1632<br>PATR                            |      | T I     |      |      |        |           | N L<br>L         |        | B 2 9   | L D<br>2 5 |         | 3 3    | , I            |         |    |
|          |                   |                                            |                     | IAIK                                    | , .  |         |      |      | ,      |           |                  | 500000 |         | 536506     | 5006688 | 100000 | 000000         | 35555   |    |
| XIX. W   | ASTE IDEI         | NTIFICATION                                |                     |                                         |      |         |      |      |        | <b></b> 5 | METHOD           |        | <b></b> |            |         |        | <b>***</b>     |         | ** |
| LINE     |                   | A. DESCRIPTIO                              | N OF WASTE          | B. EPA WASTE NUMBER                     |      |         |      |      |        |           |                  |        |         | D. AMCONI  | WASTE   |        | OSLINIT        | MEASURE |    |
| 1        | Waste Co          | mbustible Liquid, N.                       | :<br>O.S. (Petrole: | ım Naptha)                              | DO   | o       | 1    | 0    | 3 9    | S         | 0 2              | 2      | П       |            |         | 1 5    |                | Ι       | Ц  |
| 1 1      | 1                 | PGIII (ERG # 128)                          | :                   | - « · · · · · · · · · · · · · · · · · · | DC   | [1]     | 8    | 0    | 40     |           | П                |        | $\prod$ |            | Д       | П      | П              | Ţ       | П  |
| 2        |                   |                                            |                     |                                         |      |         | 4    |      | -      | -         | ₩                | +      |         | _          | 4       | ╟      | ╫              | ╁       | H  |
| 3        |                   | .,,                                        |                     |                                         |      |         | -    |      |        | $\dagger$ | $\dagger\dagger$ |        |         |            |         |        | 廿              | 士       |    |
|          |                   |                                            |                     |                                         |      | П       |      |      |        | П         | П                | П      |         |            | Т       | П      | П              | ļ       | Ц  |
| 4        |                   |                                            |                     | _                                       |      |         |      |      |        |           | H                |        |         |            |         | Н      | Н              | 1       |    |
| 5        |                   |                                            |                     | ,                                       |      |         |      |      |        |           | H                |        | -       |            | -       |        | H              | _       |    |
| 6        |                   |                                            |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         |        | Ħ              | 1       | F  |
| 7        |                   |                                            |                     |                                         |      |         |      |      |        | П         |                  |        |         |            |         | П      | $\blacksquare$ | #       | F  |
| 8        |                   |                                            |                     |                                         |      |         |      | **** |        |           |                  |        |         |            |         |        | 井              | #       | Ŧ  |
| 9        |                   |                                            |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         | Ħ      |                |         | ‡  |
| 1 0      |                   |                                            |                     | <u> </u>                                |      |         |      |      |        | Ц         |                  |        |         | #          |         |        | П              |         |    |
| 11       |                   |                                            |                     | <u> </u>                                |      |         |      |      |        |           |                  |        |         |            | H       | Ħ      |                |         |    |
| 1 2      |                   |                                            |                     | ***                                     |      |         |      |      |        | H         | ╫                |        | -       | ╟          |         | -      | H              | +       | -  |
|          |                   |                                            |                     |                                         |      |         |      |      |        | П         | П                |        |         |            |         | П      | $\prod$        |         | Ţ  |
|          |                   | S (enter informatio                        |                     |                                         |      |         |      |      | 0.0.14 |           | 3.0 fat          | V-L/1  | A22 11  | 3C +L      |         |        |                |         |    |
|          |                   | ed from the generati<br>under U.S. EPA Tra |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         | :h     |                |         |    |
| other p  | arts wash         | er solvents, and ther                      |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         |        |                |         |    |
| recyclin | ng by distil      | lation.                                    |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         |        |                |         |    |
|          |                   |                                            |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         |        |                |         |    |
|          |                   |                                            |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         |        |                |         |    |
|          |                   |                                            |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         |        |                |         |    |
| 1        |                   |                                            |                     |                                         |      |         |      |      |        |           |                  |        |         |            |         |        |                |         |    |

|                                                                                                  | 1. TYPE OF HAZARDOUS WASTE REPORT                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                           | PART A: GENERATOR ANNUAL REPORT                                               |
|                                                                                                  | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                  |
| Use this form as a cover for all required reports.                                               | PART B: FACILITY ANNUAL REPORT                                                |
|                                                                                                  | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                  |
|                                                                                                  | PART C: UNMANIFESTED WASTE REPORT                                             |
|                                                                                                  | THIS REPORT IS FOR A WASTE                                                    |
| II INCTALLATIONIO EDA IDAMANDE D                                                                 | RECEIVED (day/mo/yr) 1 0 / 0 6 / 2 0 0 0                                      |
| II. INSTALLATION'S EPA ID NUMBER  F L D 9 8 4 1 7 1 1 6 5                                        |                                                                               |
|                                                                                                  |                                                                               |
| III. NAME OF INSTALLATION                                                                        |                                                                               |
| SAFETY-KLEEN SYST                                                                                | EMS, INC.                                                                     |
| IV. INSTALLATION MAILING ADDRESS                                                                 |                                                                               |
| 600 CENTRAL: PARK                                                                                | DRIVE                                                                         |
| SANFORD, FL 32771                                                                                |                                                                               |
| V. LOCATION OF INSTALLATION                                                                      |                                                                               |
| 600 CENTRAL PARK                                                                                 | DRIVE                                                                         |
| SANFORD, FL 32771                                                                                |                                                                               |
| VI. INSTALLATION CONTACT                                                                         |                                                                               |
| NAME (last and first)                                                                            | PHONE NO. (area code & no.)                                                   |
| KEITH MARCILLE                                                                                   | 4073216080                                                                    |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                            |                                                                               |
|                                                                                                  |                                                                               |
|                                                                                                  | •                                                                             |
|                                                                                                  |                                                                               |
|                                                                                                  |                                                                               |
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|                                                                                                  |                                                                               |
|                                                                                                  |                                                                               |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                            |                                                                               |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                            |                                                                               |
| \$     ,     ,                                                                                   | \$ , , ,                                                                      |
| IX. CERTIFICATION                                                                                |                                                                               |
| I certify under penalty of law that I have personally examined and am far                        | miliar with the information submitted in this and all attached documents      |
| and that based on the inquiry of those individuals immediately responsib                         | le for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pena fines and imprisonment. | lities for submitting false information, including the possibility of         |
|                                                                                                  |                                                                               |
|                                                                                                  |                                                                               |
|                                                                                                  |                                                                               |
| A. Print or Type Name                                                                            | B. Signature C. Date Signed                                                   |
|                                                                                                  |                                                                               |

|                              |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      | 4     | -                     |             |          |      |           |           |          |      |          |                                         |          |
|------------------------------|--------------------------------------------------------|-------------------------------|-----------------------------------------|------------------|--------------------|------------------|------------|-----------------------|----------------|--------------|-------------|--------|------|-------|-----------------------|-------------|----------|------|-----------|-----------|----------|------|----------|-----------------------------------------|----------|
| ·····                        |                                                        | ,                             |                                         | <u> </u>         | <del></del> -      |                  | F/         | ACILITY F             | EPO            | RT -         | PA          | RTS    | В 8  | C     |                       |             |          |      |           |           |          | - (  |          |                                         |          |
| FOR                          | OFFICAL                                                | Ш                             | -11                                     |                  | ed<br>9            |                  |            | PE OF RE              |                |              |             |        | 200  | ×     |                       |             |          | TIES |           |           |          |      | -1-      | 200000000000000000000000000000000000000 |          |
|                              | S 1 & 2)                                               | 2. F                          | Receiv                                  | ed By            |                    |                  | Par        | в Б                   | Pa             | ırt C        |             |        |      |       | FL                    | . <u>ID</u> | 9        | 8 4  | <u> </u>  | <u>41</u> | <u> </u> | ы    | <u>"</u> | -                                       |          |
| XVIII. G                     | ENERAT                                                 | ORS E                         |                                         |                  | 4 0                | 4                |            | XX. GEN               |                | TOR<br>K     |             |        |      | S (s  |                       |             |          | box  | (, ci     | ty, s     | state    | e, & | zip      | COC                                     | ie)      |
|                              |                                                        |                               |                                         |                  |                    |                  | 202        | 1 6 3                 | ,              | Υ            | τ,          |        | ,    | A V   | E N                   | JII         | E        | R    | τ .       | D.        |          | 3 !  | 3 1      |                                         |          |
| XIX. GE                      | NERATO                                                 | RNAM                          | E (sp                                   | ecny)            |                    |                  |            | PATI                  |                |              |             |        |      |       | FI                    |             |          | 29   |           |           |          |      |          | rens                                    |          |
| XIX. W                       | ASTE IDEI                                              | NTIFIC                        | ATIO                                    |                  |                    |                  |            |                       |                |              |             |        |      |       |                       |             |          |      |           |           |          |      |          |                                         |          |
| LINE                         |                                                        | <b>A.</b> (                   | DESC                                    | RIPTIC           | ON OF              | WAS              | STE        |                       |                | B. EPA       | HAZARDOUS   | NUMBER |      |       | C. HANDLING<br>METHOD |             |          |      | D. AMOUNT | WASTE     |          |      |          | E. UNITS OF                             | 1000     |
|                              | Waste Co<br>NA1993                                     |                               |                                         |                  |                    | (Petr            | oleum      | Naptha)               |                | 0 0<br>0 1   |             |        |      |       | S                     | ) 2         | Н        | _    | Н         | +         |          | 1    | 6 G      |                                         | +        |
| 2                            |                                                        | •                             |                                         |                  |                    |                  |            |                       | Н              | -            |             |        |      |       |                       |             |          |      |           | 1         |          |      | $\pm$    |                                         | ‡        |
| 3                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      | _     |                       | 1           | П        | 1    |           |           |          |      |          |                                         | 1        |
| 4                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       |                       | 1           |          | 1    |           |           |          |      | +        | Н                                       | 1        |
| 5                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       | П                     |             |          |      |           |           | +        | Ц    |          |                                         | 1        |
| 6                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       |                       |             |          |      |           |           |          |      |          | Ц                                       | +        |
| 7                            |                                                        |                               |                                         |                  |                    |                  |            | ,                     |                |              |             |        |      |       |                       | †           |          |      |           |           | †        |      | 1        | Ц                                       |          |
| 8                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       |                       | 1           |          |      |           |           | _        | Ц    | _        |                                         |          |
| 9                            |                                                        |                               | • • • • • • • • • • • • • • • • • • • • |                  |                    |                  | · <b>·</b> |                       |                |              |             |        |      |       |                       | 1           |          |      | <u> </u>  |           | ‡        |      | +        |                                         |          |
| 10                           |                                                        |                               |                                         | ********         |                    | <u>n.4-</u>      |            | ,                     |                |              |             |        |      |       |                       |             |          |      |           | H         | 1        | H    |          | H                                       |          |
| 11                           | <u> </u>                                               |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       |                       |             |          |      | _         |           | ‡        | H    | ‡        | H                                       | <b>-</b> |
| 1 2                          |                                                        |                               |                                         |                  |                    |                  |            |                       |                | ****         |             |        |      |       |                       |             | <u> </u> |      | +         | H         | <u> </u> |      | <u></u>  |                                         | <b> </b> |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter u<br>parts wash<br>ng by distil | ed fror<br>under U<br>er solv | n the (<br>J. S. E                      | genera<br>PA Tra | tor's lo<br>anspor | cation<br>ter ID | n to th    | e Sanford<br>R 000075 | facili<br>150. | ty wi<br>The | thou<br>was | te w   | as t | oulke | ed at                 | t the       | Sa       | nfor | d fa      | cility    | wit      | h    |          |                                         |          |

|                                                                                                                                                  | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                                                                                           | PART A: GENERATOR ANNUAL REPORT                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                                                                                               | PART B: FACILITY ANNUAL REPORT                                                   |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  | PART C: UNMANIFESTED WASTE REPORT THIS REPORT IS FOR A WASTE                     |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  | RECEIVED (day/mo/yr) 1 0 / 3 1 / 2 0 0 0                                         |  |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                                                                                                 | RECEIVED (daymory)                                                               |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                                                                                          |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                                                                                                        |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| SAFETY-KLEEN SYST                                                                                                                                | EMS, INC.                                                                        |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                 |                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  | DRIVE                                                                            |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                    |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                                                                                                      |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                                                                                                 | DRIVE                                                                            |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL:32771                                                                                                                                |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT                                                                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| NAME (last and first)                                                                                                                            | PHONE NO. (area code & no.)  4 0 7 3 2 1 6 0 8 0                                 |  |  |  |  |  |  |  |  |  |  |
| K E I T H M A R C I L L E                                                                                                                        |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                             | s only)                                                                          |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                            |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                            |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| \$ , , ,                                                                                                                                         | \$    ,    ,                                                                     |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                                                                                                |                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  | familiar with the information submitted in this and all attached documents       |  |  |  |  |  |  |  |  |  |  |
| and that based on the inquiry of those individuals immediately respons<br>true, accurate, and complete. I am aware that there are significant pe | sible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                                                                                          | rialities for Submitting laise information, including the possibility of         |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                  |                                                                                  |  |  |  |  |  |  |  |  |  |  |
| A Print or Type Name                                                                                                                             | B. Signature C. Date Signed                                                      |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                                                                                            | D. Dignature C. Date digned                                                      |  |  |  |  |  |  |  |  |  |  |

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|        | 0551041                                 | 1. D     | ate Recei    | ved<br>19      | ┨╻                                     | VI TVE    | E OF RE        | ₽∩R            | т (4   | ente      | r ar | <b>. X</b> ) |       | χVI      | l. FA  | CIL      | ITIE | SE         | PA I        | ID N               | Ю.      |     |
|--------|-----------------------------------------|----------|--------------|----------------|----------------------------------------|-----------|----------------|----------------|--------|-----------|------|--------------|-------|----------|--------|----------|------|------------|-------------|--------------------|---------|-----|
|        | OFFICAL<br>E ONLY                       | 2. R     | eceived B    |                | +^                                     | VI 11F    | EOFAL          | -011           | (,     | ,1110     |      |              | 600EL |          |        |          |      |            |             | 1 1                |         | ]   |
|        | ns 1 & 2)                               | 1        |              |                |                                        | Part      | в х            | Pa             | ırt C  | ;         |      |              |       |          |        |          |      |            |             |                    |         |     |
| XVIII. | GENERAT                                 |          |              |                |                                        | 00000     | XX. GEN        |                |        |           |      |              |       |          |        |          | ) bo | x, c       | ity,        | state              | e, &    | zi  |
|        | FL                                      | 2 5 7    | 7002         | 4 4 0          | 4                                      |           | AUTO           |                |        |           |      |              |       |          | ТЕ     |          |      |            |             |                    |         |     |
| XIX. G | ENERATO                                 | RNAM     | E (specify   | )              |                                        |           | 1632<br>PATR   |                |        |           |      |              |       |          |        |          |      | 3 L<br>9 2 |             |                    | 3 3     | 3   |
|        |                                         |          |              |                |                                        |           | PAIK           | 1 (            |        |           | AI   | ъ            | ,     | 1        | L      | ,        | ٠.   |            | _           |                    |         |     |
| XIX. W | ASTE IDE                                | NTIFIC/  | ATION        |                |                                        |           |                |                |        |           |      |              |       |          |        |          |      |            |             |                    |         | ă   |
| Œ      |                                         |          |              |                |                                        |           |                | l              | ⋖      | IAZARDOUS | μΩ   | i            |       | HANDLING | 8      |          |      | Į.         | OF<br>WASTE | ī                  |         | ı   |
| LINE   |                                         | Α. Γ     | DESCRIPT     | ION O          | F WAS                                  | STE       |                |                | B. EPA | ARD       | VAST |              | ١     | AND      | Ĭ      | İ        |      | AMO        | OF<br>SAS   |                    |         |     |
| 13     |                                         |          |              | :              |                                        |           |                |                |        | _         |      |              |       | Ü        |        |          |      | ď          | >           |                    | ,       |     |
| 1      | Waste Co                                | ombustil | ble Liquid,  | N.O.S          | . (Petr                                | oleum     | Naptha)        | D              | 0 0    | 1         | D    | 0 3          | 9     | s        | 02     | <u> </u> |      |            | Ц           |                    | 1 (     | 6   |
|        | NA1993                                  | PGIII    | (ERG # 12    | 28) :          |                                        |           |                |                | 0 1    | 8         | Ц    | 0 4          | ΙŮ    | _        | H      | -        | _    | ┿          | ┢╋          | +                  | H       | ┥   |
| 2      |                                         |          |              | :              |                                        |           |                | H              | -      |           | H    | -            |       | ╁        | +      | ┿        | +    |            | H           | $\dagger$          | H       | ٦   |
| 3      | <del> </del>                            |          |              |                |                                        |           |                | Ħ              |        |           |      |              |       | 1        | П      |          |      | İ          |             |                    | П       |     |
|        |                                         |          |              |                |                                        |           | <del>. ,</del> | П              |        |           | П    |              |       |          | П      |          | П    | Ţ          | Ц           | $oldsymbol{\perp}$ | Ц       | _   |
| 4      |                                         |          | <u></u>      | :              |                                        |           | -              |                | -      | _         | Ш    | _            |       | _        | 14     | _        | 4    | +          | ╀           |                    | H       | _   |
|        |                                         |          | <u>.</u>     |                |                                        | ********* |                |                | 4      | -         | H    | +            | +     | ╬        | ╁      | ╁        | H    | ╁          | H           | ╁                  | H       | _   |
| 5      |                                         |          |              |                |                                        |           |                | H              |        | +         | H    |              | +     |          | H      | +        | H    | 十          | 怈           | $\dagger$          | H       |     |
| 6      |                                         |          | ······       | <del>- :</del> |                                        |           |                | П              |        |           |      |              |       |          | П      |          | П    |            | П           | I                  | П       |     |
|        | ļ                                       |          |              | :              |                                        |           |                | П              |        |           |      |              |       |          | Ц      |          |      | _          |             | 1                  | Ц       |     |
| 7      |                                         |          |              |                |                                        |           |                |                | -      | ┈         |      | 4            | -     | _        | ₩      | _        | H    | ┿          | ╀           | ┿                  | H       | _   |
| 8      | <del>-</del>                            |          |              |                | ······································ |           |                |                | -      | ┿         | H    | +            | +     | -        | 廿      | ╁        | H    | ┪          | H           | ╅                  | Ħ       | -   |
| lů     |                                         |          |              |                |                                        |           |                |                |        |           |      |              |       |          |        |          |      | İ          | П           | I                  | $\prod$ | _   |
| 9      | *************************************** |          |              |                |                                        |           |                |                |        |           |      |              |       |          | Ц      |          |      |            | $\prod$     | _                  | Ц       |     |
|        |                                         |          |              | -              |                                        |           |                | $\blacksquare$ | _      | _         | L    | _            | _     | 4        | H      | 4        | ╀┤   | 4          | H           | +                  | ₩       | _   |
| 110    | 4                                       |          |              |                |                                        |           |                | H              | -      | +         | Н    | -            | -     | -        | ╁      | ╁        | H    | -          | ╁           | +                  | H       | -   |
| 1      | 1                                       |          | ············ | :              |                                        |           |                |                |        | +         |      | _            | -     | П        | 11     |          | П    | 1          | П           |                    | П       | _   |
|        |                                         |          |              |                |                                        |           |                |                |        |           |      |              |       |          | Ш      |          | Ц    |            | П           |                    | П       | L   |
|        | 2                                       |          |              |                |                                        |           |                | H              |        | ┿         | _    | -            |       | -        | $\bot$ | _        | Н    | ╀          | H           | +                  | ₽       |     |
| 1 2    |                                         |          |              | - 1            |                                        |           | r - see in     |                |        | ٠,        | -    | 33835        |       | 68 S     |        |          | ▃    |            |             |                    |         | 559 |

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                      | PART B: FACILITY ANNUAL REPORT                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | PART C: UNMANIFESTED WASTE REPORT                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR A WASTE                                                       |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | RECEIVED (day/mo/yr) 1 2 / 2 8 / 2 0 0 0                                         |  |  |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                        |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                 |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                               |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                        |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 6 0 0 CENTRAL PARK                                                      | DRIVE                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                       |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                             |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                        | DRIVE                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                       |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT                                                |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| NAME (last and first)                                                   | PHONE NO. (area code & no.)  4   0   7     3   2   1     6   0   8   0           |  |  |  |  |  |  |  |  |  |  |  |
| K E I T H M A R C I L L E                                               | 4 0 7 3 2 1 6 0 8 0                                                              |  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                    | s only)                                                                          |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| <u></u>                                                                 |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| \$ , , ,                                                                | \$ , , , , , , , , , , , , , , , , , , ,                                         |  |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                       |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | amiliar with the information submitted in this and all attached documents        |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | sible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant per | nalties for submitting false information, including the possibility of           |  |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                 |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                      |  |  |  |  |  |  |  |  |  |  |  |

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| Pair S A A I C | CT L K        | I I HAZARDOUS         | DODR<br>L L<br>A S<br>A F I | ESS C A A B ,                           | (str                                            | wethop N T L                                          | OFP<br>ER<br>UE<br>3                                             | O bo                                                                     | 4 1 1 ox, c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 1 i <b>ty, s</b>                                                                        | 1<br>tate                                                                                                |
|----------------|---------------|-----------------------|-----------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| S A I C        | GELPA<br>K I  | T HAZARDOUS           | NUMBER OC                   | C A B ,                                 | E N V H                                         | WETHOD                                                | or P<br>E R<br>U E                                               | O bo                                                                     | AMOUNT TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE | ity, s                                                                                    | tate                                                                                                     |
| S A I C        | GELPA<br>K I  | T HAZARDOUS           | NUMBER OC                   | C A B ,                                 | E N V H                                         | METHOD                                                | ERUE                                                             | ·                                                                        | AMOUNT S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D .                                                                                       |                                                                                                          |
| A<br>I C       | EPA N         | T HAZARDOUS           | A S A F I                   | А<br>В,                                 | V I                                             | METHOD                                                | U E                                                              | E                                                                        | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5                                                                                         |                                                                                                          |
| D O            | B. EPA        | L HAZARDOUS           | NUMBER CO                   | 3 9                                     | THANDI ING                                      | METHOD T                                              | 3                                                                |                                                                          | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5                                                                                         |                                                                                                          |
| D O            | O B. EPA      | L HAZARDOUS           | NUMBER                      | 3 9                                     | UN IUNO                                         | METHOD                                                |                                                                  | T                                                                        | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                                                          |
| D 0            | 0             | 1 [                   |                             |                                         | ن<br>ا                                          | j                                                     | 2                                                                | TT                                                                       | D. AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WASTE                                                                                     |                                                                                                          |
| D 0            | 0             | 1 [                   |                             |                                         | ن<br>ا                                          | j                                                     | 2                                                                | TT                                                                       | D. AMOUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WASTE                                                                                     |                                                                                                          |
| D 0            | 0             | 1 [                   |                             |                                         | ن<br>ا                                          | j                                                     | 2                                                                | TT                                                                       | D. AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ξ¥                                                                                        |                                                                                                          |
|                | 0             | 1 [                   |                             |                                         | ن<br>ا                                          | j                                                     | 2                                                                | тт                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                                                          |
|                |               |                       |                             |                                         |                                                 | Í                                                     | _                                                                |                                                                          | TT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T                                                                                         | 7                                                                                                        |
|                |               |                       |                             |                                         | $\coprod$                                       |                                                       |                                                                  | 廿                                                                        | 廿                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 力                                                                                         |                                                                                                          |
|                |               |                       | +                           |                                         | m                                               | П                                                     |                                                                  |                                                                          | Щ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
|                |               | طس                    |                             |                                         | H                                               | ╁                                                     | -                                                                | ╁┼                                                                       | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                         | $\dashv$                                                                                                 |
|                |               |                       |                             |                                         |                                                 | П                                                     |                                                                  | П                                                                        | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
|                | Щ.            |                       |                             |                                         | Ц                                               | ⇊                                                     | _                                                                | -                                                                        | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                         | Н                                                                                                        |
|                |               | +                     |                             | +                                       | H                                               | ╫                                                     | ╁                                                                | ╁╁                                                                       | ╁╁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                                                                         |                                                                                                          |
|                |               |                       |                             |                                         | П                                               | П                                                     |                                                                  | П                                                                        | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
|                |               |                       | -                           |                                         | ${f H}$                                         | ╂                                                     | -                                                                | H                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
| -              |               |                       |                             |                                         |                                                 | 廿                                                     |                                                                  | 廿                                                                        | 廿                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T                                                                                         |                                                                                                          |
|                |               |                       |                             |                                         | П                                               | П                                                     |                                                                  | Ц                                                                        | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
| +              |               |                       |                             | +                                       | ╁                                               | ╫                                                     |                                                                  | ╫                                                                        | ╫                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | H                                                                                         | -                                                                                                        |
|                |               |                       |                             |                                         |                                                 | 丗                                                     | T                                                                | 廿                                                                        | 廿                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 廿                                                                                         |                                                                                                          |
|                |               |                       |                             | $\Box$                                  | 4                                               | ₩                                                     |                                                                  | H                                                                        | ╁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $oldsymbol{\parallel}$                                                                    | 4                                                                                                        |
|                |               | _                     |                             |                                         | H                                               | ╁┼                                                    | +                                                                | ╁                                                                        | ╁╁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ╁                                                                                         | +                                                                                                        |
|                |               |                       |                             |                                         | П                                               | П                                                     |                                                                  | П                                                                        | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           | 1                                                                                                        |
|                | ₩.            | -                     |                             | ╬                                       | 4                                               | ₩                                                     | _                                                                | H                                                                        | ╫                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ╁╢                                                                                        | 4                                                                                                        |
|                |               | 1                     |                             |                                         |                                                 | 卄                                                     |                                                                  | H                                                                        | $\dagger\dagger$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | $\dagger \dagger$                                                                         | 7                                                                                                        |
|                |               |                       |                             |                                         |                                                 |                                                       |                                                                  |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                                                          |
|                |               |                       | a ma                        | nifes                                   | st. S                                           | Safety                                                | y-Kle                                                            | en v                                                                     | was t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | he                                                                                        | 100000                                                                                                   |
| i.             | ility<br>. Tł | ility with<br>. The w | . The waste                 | ility without a ma<br>.   The waste was | ility without a manife:<br>. The waste was bull | ility without a manifest. S<br>. The waste was bulked | ility without a manifest. Safet<br>. The waste was bulked at the | ility without a manifest. Safety-Klo<br>. The waste was bulked at the Sa | ility without a manifest. Safety-Kleen v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ility without a manifest. Safety-Kleen was t<br>. The waste was bulked at the Sanford fac | ictions)  Sility without a manifest. Safety-Kleen was the The waste was bulked at the Sanford facility w |

| 11474000101111011110111                                                                      | 1. TYPE OF HAZARDOUS WASTE REPORT                                          |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                       | PART A: GENERATOR ANNUAL REPORT                                            |
| H Art /                                                                                      | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                               |
| Use this form as a cover for all required reports.                                           | PART B: FACILITY ANNUAL REPORT                                             |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                               |
|                                                                                              | PART C: UNMANIFESTED WASTE REPORT                                          |
|                                                                                              | THIS REPORT IS FOR A WASTE                                                 |
| II. INSTALLATION'S EPA ID NUMBER                                                             | RECEIVED (day/mo/yr) 0 2 / 2 1 / 2 0 0 1                                   |
| F L D 9 8 4 1 7 1 1 6 5                                                                      |                                                                            |
| III. NAME OF INSTALLATION                                                                    |                                                                            |
| SAFETY-KLEEN SYST                                                                            | EMS, INC.                                                                  |
| IV. INSTALLATION MAILING ADDRESS                                                             |                                                                            |
| 600 CENTRAL PARK                                                                             | DRIVE                                                                      |
| SANFORD, FL 32771                                                                            |                                                                            |
| V. LOCATION OF INSTALLATION                                                                  |                                                                            |
| 600 CENTRAL PARK                                                                             | DRIVE                                                                      |
| SANFORD, FL 32771                                                                            |                                                                            |
| VI. INSTALLATION CONTACT                                                                     |                                                                            |
| NAME (last and first)                                                                        | PHONE NO. (area code & no.)                                                |
| KEITH MARCILLE                                                                               | 407 321 6080                                                               |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                        |                                                                            |
|                                                                                              |                                                                            |
|                                                                                              |                                                                            |
|                                                                                              |                                                                            |
|                                                                                              |                                                                            |
|                                                                                              |                                                                            |
|                                                                                              |                                                                            |
| VIII. AAAT FARM                                                                              |                                                                            |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE |                                                                            |
| \$   I,                                                                                      |                                                                            |
| IX. CERTIFICATION                                                                            | \$      ,      ,                                                           |
| I certify under penalty of law that I have personally examined and am fam                    | iliar with the information as harity of the                                |
| and that based on the inquiry of those individuals immediately responsible                   | e for obtaining the information. I believe that the cubmitted information. |
| and complete. I am aware that there are significant penalt                                   | ties for submitting false information, including the possibility of        |
| fines and imprisonment.                                                                      | o and a state of the possibility of                                        |
|                                                                                              | 1                                                                          |
|                                                                                              |                                                                            |
| A. Print or Type Name                                                                        | B. Signature C. Data Signad                                                |
|                                                                                              | b. Signature C. Date Signed                                                |

|                      |                   |                                                                                 |               |                                         |         |          |       |         |       | _          |          |      |                |                     |             |         |       |           |            |       |      |
|----------------------|-------------------|---------------------------------------------------------------------------------|---------------|-----------------------------------------|---------|----------|-------|---------|-------|------------|----------|------|----------------|---------------------|-------------|---------|-------|-----------|------------|-------|------|
|                      |                   | 1. Date Received                                                                |               | FACILITY R                              |         |          |       |         |       |            |          |      |                |                     |             |         |       |           |            | - 000 |      |
|                      | OFFICAL<br>E ONLY | 2. Received By                                                                  | XVI           | TYPE OF RE                              | POR     | T (e     | nte   | rar     | 1 X)  | <b>B</b>   |          |      |                |                     |             | PA<br>7 |       | O.<br>6 8 | <u> </u>   |       |      |
| (iten                | ns 1 & 2)         |                                                                                 |               | Part B X                                | Pa      | rt C     |       |         |       |            | Ь        |      |                | <del></del>         |             |         | السال | oud-      | .4         |       |      |
| XVIII. (             |                   | ORS EPA ID NO.                                                                  |               | XX. GEN                                 |         |          |       |         |       |            |          |      |                |                     | ox, c       | city,   | stat  | e, &      | zip        | cod   | le)  |
|                      |                   | 2 5 7 0 0 2 4 4                                                                 | 0 4           | AUTO                                    |         | K        |       |         |       |            |          |      | ER             |                     |             |         |       |           |            |       |      |
| XIX. GE              | NERATO            | R NAME (specify)                                                                |               | 1632<br>PATR                            |         |          |       |         |       |            |          |      |                |                     | BL<br>92    | D.      |       | 3 3       | <b>3</b> 7 |       |      |
|                      |                   |                                                                                 |               |                                         | *****   | 500000   | 5050  | 00000   | 20020 |            |          |      | 0 <b>5</b> 005 | (*.'.')* <u>`</u> * | 62305       |         | 65285 | 2000      | 35535      | 00000 | 2003 |
|                      | ASTE IDEI         | NTIFICATION                                                                     |               |                                         |         |          | S     |         |       |            | <u>U</u> |      |                |                     | <b>###</b>  |         |       |           | ي          |       |      |
| LINE                 |                   | A. DESCRIPTION                                                                  | Ĭ.            |                                         | B. EPA  | IAZARDOU | WASIE |         |       | . HANDLING | METHOD   |      |                | D. AMOUNT           | OF<br>WASTE |         |       | O SELIVIT | MEASURE    |       |      |
| 1                    | Waste Co          | mbustible Liquid, N.C                                                           | D.S. (Petrole | um Naptha)                              | Do      |          |       |         | 3     | 9          | ن<br>S   | 0    | 2              |                     | Ť           | П       | П     | 1 7       |            | Τ     | T    |
|                      | NA1993            | PGIII (ERG # 128)                                                               |               |                                         | DΟ      | 1        | 8     | D       | ) 4   | 0          |          |      |                | П                   |             | П       | П     | I         | П          |       | Ţ    |
| 2                    |                   |                                                                                 |               |                                         | <b></b> |          |       |         |       | H          | ╀        | Н    | _              | Н                   | ╀           | H       | H     | ╬         | ₩          | -     | ╄    |
| 3                    |                   |                                                                                 |               |                                         |         |          |       |         |       |            |          |      |                |                     |             |         |       | _         | Ħ          |       | ļ    |
| 4                    |                   |                                                                                 |               |                                         |         |          |       | NEXT VE |       |            |          | Ħ    |                | H                   | +           |         | Ħ     | #         | Ħ          | #     | Ŧ    |
| 5                    |                   |                                                                                 | 3/3/4         |                                         |         |          |       |         |       |            | -        | H    |                | H                   |             | H       |       |           | Ħ          |       | Ŧ    |
| 6                    |                   |                                                                                 |               |                                         |         |          | -     |         |       |            |          |      |                |                     |             |         |       |           |            |       | Ī    |
| 7                    |                   |                                                                                 |               | , . , . , . , . , . , . , . , . , . , . |         |          |       |         |       |            |          |      |                | П                   |             |         |       |           | $\prod$    |       | I    |
| 8                    |                   |                                                                                 |               |                                         |         |          |       |         |       |            |          |      |                |                     |             |         |       |           |            |       | I    |
| 9                    |                   |                                                                                 |               |                                         |         |          | _     |         | -     |            | ╁        | Н    | _              | H                   | +           | H       | H     | _         | ${f H}$    | +     | ╁    |
| 1 0                  |                   |                                                                                 |               |                                         |         |          |       | -       |       |            | Ŧ        | H    |                | П                   | -           | H       | H     | 7         | $\prod$    | +     | F    |
| 11                   |                   |                                                                                 |               |                                         |         |          |       |         |       |            | Ŧ        | П    |                | П                   | -           | H       | H     | #         | Ħ          |       | F    |
| 12                   |                   |                                                                                 |               |                                         |         |          |       |         |       |            | Ŧ        | H    |                | H                   | Ŧ           | H       | П     | 1         | Ħ          |       | Ī    |
|                      |                   | (enter information                                                              |               |                                         |         | and area | ألحد  |         |       |            |          |      |                |                     |             |         |       |           |            |       |      |
| sole tra<br>other pa | nsporter ur       | d from the generator<br>nder U.S. EPA Trans<br>r solvents, and then s<br>ation. | porter ID # S | CR 00007515                             | 0. T    | he v     | vas   | te w    | as t  | oulke      | ed a     | t th | e Sa           | nfor                | d fa        | cility  |       |           |            |       |      |
|                      |                   |                                                                                 |               |                                         |         |          |       |         |       |            |          |      |                |                     |             |         |       |           |            |       |      |
|                      |                   |                                                                                 |               |                                         |         |          |       |         |       |            |          |      |                |                     |             |         |       |           |            |       |      |

- A. A.

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                              |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                   |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                      | PART B: FACILITY ANNUAL REPORT                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | PART C: UNMANIFESTED WASTE REPORT                                              |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR A WASTE                                                     |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | RECEIVED (day/mo/yr) 0 6 / 1 4 / 2 0 0 1                                       |  |  |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                        |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                 |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                               |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                      |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRES                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| 6 0 0 CENTRAL PARK                                                      | DRIVE                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                       |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                             |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| 6 0 0 CENTRAL PARK                                                      | DRUVE                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L 3 2 7 7 1                                           |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT                                                |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| NAME (last and first)                                                   | PHONE NO. (area code & no.)                                                    |  |  |  |  |  |  |  |  |  |  |  |
| K E I T H M A R C I L L E                                               | 4 0 7 3 2 1 6 0 8 0                                                            |  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                   | s only)                                                                        |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| :                                                                       |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| \$ , , , , , , , , , , , , , , , , , , ,                                | \$ , , , , , , , , , , , , , , , , , , ,                                       |  |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                       |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| certify under penalty of law that I have personally examined and am fa  | amiliar with the information submitted in this and all attached documents      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | ble for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant pen | alties for submitting false information, including the possibility of          |  |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                 |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                    |  |  |  |  |  |  |  |  |  |  |  |

:

| ľ        | i.<br>Nagar                                                   | FACILITY R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EPORT - P | ARTS B &    | terri               |                       |                        |  |  |  |  |  |  |
|----------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|---------------------|-----------------------|------------------------|--|--|--|--|--|--|
|          | 1. Date Receiv                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| 1        |                                                               | 9 XVI TYPE OF RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PORT (ent | er an X)    | <b>a</b>            | ITIES EPA ID N        |                        |  |  |  |  |  |  |
|          | E ONLY 2. Received By                                         | : I — —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part C    |             | Lirinia             | 0 4 1 7 1 1           | 9 2                    |  |  |  |  |  |  |
| <u> </u> | 1                                                             | lead 6,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4         | 4.2.2.2.2.2 | 2/ 1 1 2            | O ( 14 4-4            | - 0 -:                 |  |  |  |  |  |  |
| XVIII. C | GENERATORS EPA ID NO.<br>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             | ENTER               | O box, city, state    | e, & zip code)         |  |  |  |  |  |  |
|          |                                                               | Charles Control Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |             |                     | D.I. D.               | 201                    |  |  |  |  |  |  |
| XIX. GE  | ENERATOR NAME (specify)                                       | 1632<br>PATR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ATL       |             | VENUE<br>FL 3       | B L D .<br>2 9 2 5    | 3 3 1                  |  |  |  |  |  |  |
|          |                                                               | IAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I C K     | AIB,        | 1 5                 | 2,23                  |                        |  |  |  |  |  |  |
| XIX. W   | ASTE IDENTIFICATION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| Œ        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | anc and   | WASTE       | HANDLING<br>METHOD  | Ę w                   | E. UNITS OF<br>MEASURE |  |  |  |  |  |  |
| LINE     | A. DESCRIPTION                                                | ON OF WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 2 8     | ASTI<br>MBE | HANDLIN             | AMOUNT<br>OF<br>WASTE | STIN                   |  |  |  |  |  |  |
| 75       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ¥₽        | ME H        |                     |                       |                        |  |  |  |  |  |  |
| 1        | Waste Combustible Liquid, N                                   | LO.S. (Petroleum Naptha)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D001      | D0319       | S 0 2               | пітп                  | 1 6 G                  |  |  |  |  |  |  |
|          | NA1993 PGIII (ERG # 128                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | D040        |                     |                       |                        |  |  |  |  |  |  |
| 2        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| 3        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             | ╂╂┼┼                |                       |                        |  |  |  |  |  |  |
| 4        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| 5        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| l °      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     | ┝╫┼┼┼                 | ╌┼┼┼┼                  |  |  |  |  |  |  |
| 6        |                                                               | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |             |                     |                       |                        |  |  |  |  |  |  |
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| 7        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| 8        |                                                               | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |             | ╬╁┼┼┼               | ┝╁╅╂╅╅                | ┝╂┼╂╂╂                 |  |  |  |  |  |  |
| ľ        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| 9        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
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| 1 0      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| 4 4      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             | ┹┸╃┸                | ┝╇╇╇                  | ┝┼┼┼┼┼┼                |  |  |  |  |  |  |
| 1 1      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | ╂┼┼┼        | ╂┼┼┼                | ┠╂╂╂╂                 |                        |  |  |  |  |  |  |
| 1 2      |                                                               | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | ╋┿┿         | ┋┼┼┼┼               | ┝╂╼╂╌╂╌╏              | ┝╂╂╂╂┼                 |  |  |  |  |  |  |
|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
| XXII. C  | OMMENTS (enter information                                    | on by line number - see inst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ructions) |             |                     |                       |                        |  |  |  |  |  |  |
|          | was shipped from the general                                  | i contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction |           |             |                     |                       |                        |  |  |  |  |  |  |
| 1        | insporter under U.S. EPA Tra<br>arts washer solvents, and the |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       | ı                      |  |  |  |  |  |  |
|          | ng by distillation.                                           | i i i i i i i i i i i i i i i i i i i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | , 010 0     | J. AUT (III LONIII) | 18-01, 00/101         |                        |  |  |  |  |  |  |
|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
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|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |
|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |             |                     |                       |                        |  |  |  |  |  |  |

| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                     |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
| fines and imprisonment.                                                 |                                                                                 |
| true, accurate, and complete. I am aware that there are significant per | alties for submitting false information, including the possibility of           |
| and that based on the inquiry of those individuals immediately respons  | ible for obtaining the information, I believe that the submitted information is |
|                                                                         | amiliar with the information submitted in this and all attached documents       |
| IX. CERTIFICATION                                                       |                                                                                 |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                 |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                   | s only)                                                                         |
| KEITH MARCILLE                                                          | 4 0 7 3 2 1 6 0 8 0                                                             |
| VI. INSTALLATION CONTACT  NAME (last and first)                         | PHONE NO. (area code & no.)                                                     |
| SANFORD, FL 32771                                                       |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         | DIRITIVE                                                                        |
| V. LOCATION OF INSTALLATION                                             |                                                                                 |
| S A N F O R D , F L 3 2 7 7 1                                           |                                                                                 |
| 600 CENTRAL PARK                                                        | DRIVE                                                                           |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                 |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                       |
| III. NAME OF INSTALLATION                                               |                                                                                 |
| FLD9841771165                                                           |                                                                                 |
| II. INSTALLATION'S EPA ID NUMBER                                        | RECEIVED (day/mo/yr) 0 8 / 0 6 / 2 0 0 1                                        |
|                                                                         | THIS REPORT IS FOR A WASTE                                                      |
|                                                                         | PART C: UNMANIFESTED WASTE REPORT                                               |
| Use this form as a cover for all required reports.                      | PART B: FACILITY ANNUAL REPORT  THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0    |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |

|                                                                                                     |                                                                                | FACILITY I                                               | REPORT - PARTS B                               | & <sub>\(\sigma\)</sub> |                          |                        |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|-------------------------|--------------------------|------------------------|--|--|--|--|--|--|--|--|--|
| 1. Date Received  FOR OFFICAL                                                                       |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
|                                                                                                     | E ONLY 2. Received By                                                          |                                                          | FONT (enter all A)                             | 000                     | 4 1 7 1 1 6 5            |                        |  |  |  |  |  |  |  |  |  |
| (item                                                                                               | ns 1 & 2)                                                                      | Part B                                                   | Part C                                         |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| XVIII. C                                                                                            | GENERATORS EPA ID NO.                                                          | XX. GEN                                                  | ERATOR'S ADDRES                                |                         | ox, city, state, & z     | ip code)               |  |  |  |  |  |  |  |  |  |
| F L 2 5 7 0 0 2 4 4 0 4 AUTO SKILL CENTER  XIX. GENERATOR NAME (specify) 1632 ATLAS AVENUE BLD. 331 |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| XIX. GE                                                                                             | (IX. GENERATOR NAME (specify) 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925 |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| XIX. W                                                                                              | ASTE IDENTIFICATION                                                            |                                                          | (A)                                            | <b>(</b> 5              |                          | ш                      |  |  |  |  |  |  |  |  |  |
| LINE                                                                                                | A. DESCRIPTIO                                                                  | ON OF WASTE                                              | B. EPA<br>IAZARDOUS<br>WASTE<br>NUMBER         | C. HANDLING<br>METHOD   | D. AMOUNT<br>OF<br>WASTE | E. UNITS OF<br>MEASURE |  |  |  |  |  |  |  |  |  |
| 1                                                                                                   | Waste Combustible Liquid, N                                                    | O.S. (Petroleum Naptha)                                  | D001D03                                        |                         | 17                       | G                      |  |  |  |  |  |  |  |  |  |
|                                                                                                     | NA1993 PGIII (ERG # 128)                                                       | •                                                        | D018D04                                        | 0                       |                          |                        |  |  |  |  |  |  |  |  |  |
| 2                                                                                                   |                                                                                |                                                          |                                                | <del>╺╏╏╏╏</del>        | ┟╂╂╂╂╂                   | ┍╂╂╂                   |  |  |  |  |  |  |  |  |  |
| 3                                                                                                   |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| 4                                                                                                   |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| 5                                                                                                   |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| 6                                                                                                   |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| 7                                                                                                   |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| 8                                                                                                   |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| 9                                                                                                   |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                | ·<br>·                                                   |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| 10                                                                                                  |                                                                                |                                                          |                                                |                         |                          | ┝┼┼┼                   |  |  |  |  |  |  |  |  |  |
| 11                                                                                                  |                                                                                |                                                          |                                                |                         |                          | Ш                      |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                |                                                          |                                                |                         |                          | ┝╁╁┸                   |  |  |  |  |  |  |  |  |  |
| 1 2                                                                                                 |                                                                                |                                                          |                                                | ┪╏╂┼                    | <del>┠╋╏╏╏</del>         | ┝┼┼┼                   |  |  |  |  |  |  |  |  |  |
|                                                                                                     | OMMENTS (enter information                                                     |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
| Waste<br>sole tra                                                                                   | was shipped from the generat<br>ansporter under U. S. EPA Tra                  | or's location to the Sanford<br>nsporter ID # SCR 000075 | facility without a man<br>150. The waste was t | oulked at the Sanfo     | ord facility with        |                        |  |  |  |  |  |  |  |  |  |
|                                                                                                     | earts washer solvents, and thering by distillation.                            | n shipped to the Safety-Kle                              | en Lexington Recycle                           | Center (in Lexingt      | on, SC) for              |                        |  |  |  |  |  |  |  |  |  |
| 1                                                                                                   |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |
|                                                                                                     |                                                                                |                                                          |                                                |                         |                          |                        |  |  |  |  |  |  |  |  |  |



| III. NAME OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EMS INC                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| SAFETY-KLEEN SYST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EMS, INC.                                                                                                                                                 |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |
| 600 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVE                                                                                                                                                     |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                           |
| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                           |
| 600 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVE                                                                                                                                                     |
| SANFORD, FL:32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |
| VI. INSTALLATION CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                           |
| NAME (last and first)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE NO. (area code & no.)  4   0   7   3   2   1   6   0   8   0                                                                                        |
| KEITH MARCILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |
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| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                                                                                                   |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                                                                                                   |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                                                                                                   |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                                                                                                   |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                                                                                                   |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                                                                                                   |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                                                                                                   |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s only)                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$    ,      ,                                                                                                                                            |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ , , ,                                                                                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s , , , , , amiliar with the information submitted in this and all attached documents                                                                     |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE    S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE    S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE    S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |

|                             |                          |                                                                                                                   | · · · · · · · · · · · · · · · · · · · |                          |             |             |                                           |             |        | _    | _     |             |        |      |     |     |           |       |     |     |          |             |         |     |
|-----------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------|-------------|-------------|-------------------------------------------|-------------|--------|------|-------|-------------|--------|------|-----|-----|-----------|-------|-----|-----|----------|-------------|---------|-----|
|                             |                          | 1. Date Received                                                                                                  | F                                     | ACILITY R                | EPC         | RI          | -  -                                      | 'ΑΓ         | साड    | B    | & C.  |             |        |      |     |     |           |       |     | ,   | _        |             |         |     |
| FOR                         | OFFICAL                  |                                                                                                                   | XVI T\                                | PE OF RE                 | POF         | 3T (        | en                                        | ter         | an     | X)   | ▓     |             |        |      |     | IES |           |       |     |     |          |             |         |     |
| =                           | E ONLY                   | 2. Received By                                                                                                    | Pa                                    | T <u>v</u>               | ] Pa        | art         | C                                         |             |        |      |       | F           | ᄔ      | D    | 9 8 | 4   | 1         | 7[1   | Ľ   | 6   | <u> </u> |             |         |     |
| <u> </u>                    | s 1 & 2)                 | ORS EPA ID NO.                                                                                                    |                                       | XX. GENI                 |             |             |                                           | . Δ         | וממ    | RE:  | SS (  | str         | eet    | or i | PO  | box | . ci      | ty,   | sta | te, | & z      | ip c        | od      | e)  |
| (VIII. C                    |                          | التناز المستور والمستور والمستور والمستور والمستور والمستور والمستور والمستور والمستور والمستور والمستور والمستور | 5                                     | DYNA                     |             |             |                                           |             |        |      | ,     |             |        |      |     |     | í         |       |     |     |          |             |         | مخد |
| XIX. GE                     | NERATO                   | R NAME (specify)                                                                                                  |                                       | BLDG                     |             |             |                                           |             |        |      | L     |             |        |      |     |     |           | A     |     |     |          |             |         |     |
| ·                           |                          |                                                                                                                   |                                       | KENN<br>CAPE             |             |             |                                           |             |        |      |       |             |        |      |     |     |           | 2 8   | 3 1 | 5   |          |             |         |     |
| XIX. W                      | ASTE IDEI                | NTIFICATION                                                                                                       |                                       |                          |             |             |                                           |             |        |      |       |             |        |      |     |     |           |       |     |     |          |             |         |     |
| LINE                        |                          | A. DESCRIPTION O                                                                                                  | F WASTE                               |                          |             | VOL.        | D. E. E. E. E. E. E. E. E. E. E. E. E. E. | WASTE       | NUMBER |      |       | C. HANDLING | METHOD |      |     | !   | D. AMOUNT | WASTE |     |     |          | E LINITS OF | MEASURE |     |
| 1                           | Waste Co                 | ombustible Liquid, N.O.S                                                                                          | . (Petroleun                          | n Naptha)                | D           |             | 0                                         | 1           | 0 (    | 3    |       | S           | 0      | 2    |     | Į   | Ц         | 1     | Ţ   | 1   | 7        | G           | Ţ       | Į   |
| -                           | NA1993                   | PGIII (ERG # 128)                                                                                                 |                                       |                          |             | 이           | 1                                         | 8 [         | 0      | 4    | 0     | _           | +      | Н    | +   | H   | H         | ┽     | ╁   | ╁   | H        | ╁           | +       | +   |
| 2                           |                          |                                                                                                                   |                                       | _                        |             |             | 1                                         | 1           |        |      |       | 1           | T      |      | İ   | 士   | П         | 1     | †   |     |          |             |         | 1   |
| 3                           |                          |                                                                                                                   |                                       |                          |             |             |                                           |             |        |      |       |             |        |      | 1   |     |           |       |     |     |          |             | 1       | ╁   |
| 4                           |                          |                                                                                                                   |                                       |                          |             |             |                                           |             |        |      |       |             |        |      |     |     |           |       |     | ļ   |          |             |         | 1   |
| 5                           |                          |                                                                                                                   |                                       | -                        |             |             |                                           |             |        |      |       | 1           | l      |      |     | Ł   |           |       |     | +   |          | Н           |         |     |
| 6                           |                          |                                                                                                                   |                                       |                          |             |             |                                           |             |        |      |       |             |        |      |     |     |           |       |     | +   |          | Н           |         | 1   |
| 7                           |                          |                                                                                                                   |                                       |                          |             |             |                                           |             | -      |      |       | +           | _      |      |     | 1   |           |       | 1   | 1   | L        | Н           | 1       | -   |
| 8                           |                          |                                                                                                                   |                                       |                          |             |             |                                           |             |        |      |       |             | +      |      |     | -   |           |       |     |     |          |             |         |     |
| 9                           |                          |                                                                                                                   |                                       |                          |             |             |                                           |             |        |      |       |             |        |      |     |     |           | Ц     |     |     |          |             |         |     |
| 1 0                         |                          |                                                                                                                   |                                       |                          |             |             |                                           |             |        |      |       | 1           | +      |      | Н   | 1   |           | Н     | 1   |     |          |             |         | _   |
| 1 1                         |                          |                                                                                                                   |                                       |                          |             |             |                                           |             |        |      |       |             | +      |      | Ш   | -   |           | Н     | 1   |     | _        |             |         |     |
| 1 2                         |                          |                                                                                                                   |                                       |                          |             |             |                                           | _           |        |      |       |             | +      |      | Н   |     |           |       |     |     |          | -           |         |     |
| Waste<br>sole tr<br>other p | was shipp<br>ansporter ( | TS (enter information bed from the generator's under U. S. EPA Transpers solvents, and then shillation.           | location to t<br>orter ID # IL        | he Sanford<br>D 98490820 | taci<br>)2. | lity<br>The | with<br>wa                                | nou<br>aste | e wa   | as t | ouike | ed a        | at th  | e S  | anf | ord | fac       | ility | wit | h   |          |             |         |     |

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                      | PART B: FACILITY ANNUAL REPORT                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |
| :                                                                       | PART C: UNMANIFESTED WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR A WASTE                                                      |  |  |  |  |  |  |  |  |  |  |
|                                                                         | RECEIVED (day/mo/yr) 0 2 / 2 9 / 2 0 0 0                                        |  |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                        |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                 |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                               |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| SAFETY - KLEEN SYST                                                     | EMS, INC.                                                                       |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                        | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL: 32771                                                      |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                             |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                        | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L 3 2 7 7 1                                           |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT                                                |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| NAME (last and first)                                                   | PHONE NO. (area code & no.)                                                     |  |  |  |  |  |  |  |  |  |  |
| K E I T H M A R C I L L E                                               | 4 0 7 3 2 1 6 0 8 0                                                             |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                   | s only)                                                                         |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| \$ , , ,                                                                | \$ , , ,                                                                        |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                       |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         | amiliar with the information submitted in this and all attached documents       |  |  |  |  |  |  |  |  |  |  |
|                                                                         | ible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant pen | nalties for submitting false information, including the possibility of          |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                 |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                     |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |

Seappers.

| USE<br>(item                                                                                        | OFFICAL<br>ONLY<br>s 1 & 2) | 2. Received By                                                               | XVI TYPE OF RE Part B XX. GEN                                                                            | Pa             | rt C         |             |       |                | .900 |           | FL                    | Þ  | 9   | TIES | 1         | 7 1     | 1     | 6     |   | рс          | od      | 50000000000000000000000000000000000000 |
|-----------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------|--------------|-------------|-------|----------------|------|-----------|-----------------------|----|-----|------|-----------|---------|-------|-------|---|-------------|---------|----------------------------------------|
| VIII. C                                                                                             |                             | ORS EPA ID NO. 6 8 0 0 0 1 4 5 8                                             |                                                                                                          |                |              |             | 4DI   | JUL            |      | (St       | i ee                  |    |     | 50,  | ., .      | ,,      | J.42. |       |   |             |         | _                                      |
| IX GE                                                                                               |                             |                                                                              | BLDG                                                                                                     |                |              | _           | 5     | 0 5            | i    | Ll        | E F                   | T  | A   | A R  | E         | A       |       |       |   |             |         |                                        |
| IX. GENERATOR NAME (specify)  BLDG M7-505 LEFT AREA  KENNEDY SPACE CENTER  CAPE CANAVERAL, FL 32815 |                             |                                                                              |                                                                                                          |                |              |             |       |                |      |           |                       |    |     |      |           |         |       |       |   |             |         |                                        |
|                                                                                                     |                             | TIFICATION                                                                   | CAPE                                                                                                     |                | ) A          | N           | A     | V E            | R    | A :       | L ,                   |    | FI  | _    | 3         | 2 }     |       | )<br> |   | <b></b>     |         |                                        |
| LINE                                                                                                | ASTE IDEI                   | A. DESCRIPTION                                                               | OF WASTE                                                                                                 |                | B. EPA       | HAZARDOUS   | WASTE |                |      | ONLIGIANT | C. HANDLING<br>METHOD |    |     | 8886 | D. AMOUNT | WASTE   |       |       |   | E. UNITS OF | MEASURE |                                        |
| 1                                                                                                   | Waste Co                    | mbustible Liquid, N.O.S                                                      | . (Petroleum Naptha)                                                                                     |                |              |             |       |                |      |           | sc                    | 2  | П   | Ţ    | П         | П       | Γ     |       | 7 | G           | Ţ       | ]                                      |
|                                                                                                     | NA1993                      | PGIII (ERG # 128)                                                            |                                                                                                          | P              | 0 1          | 8           | ₽     | 0 4            | 1 0  | Ц         | +                     | ╀  | ╁╁  | ╀    | H         | 4       | +     | -     | ╫ | +           | ╄       | 4                                      |
| 2                                                                                                   |                             |                                                                              |                                                                                                          | H              | +            |             | H     | _              | -    | Н         | ╁                     | ╁  | ╁   | ┿    | +         | ╁       | ┢     | H     | H | ╁           | ╁       | 1                                      |
| 3                                                                                                   |                             |                                                                              |                                                                                                          |                | 丁            |             |       |                |      |           | 土                     |    |     | 士    |           |         | 1     |       |   | 1           | Î       | 1                                      |
|                                                                                                     |                             |                                                                              |                                                                                                          | П              |              |             |       |                |      |           | 1                     | I  | Ц   |      | Ļ         | 4       | ļ     | Ļ     | Ц | _           | 4       | _                                      |
| 4                                                                                                   |                             |                                                                              |                                                                                                          | H              |              | _           | Ц     | _              | _    | Н         | -                     | ╁  | H   | ╀    | L         | H       | ┿     | +     | Н | +           | ╪       | 4                                      |
| 5                                                                                                   |                             |                                                                              |                                                                                                          | H              | -            |             | Н     |                |      | Н         | +                     | ╁  | H   | +    | ╁         | 計       | t     | ۲     | П | 1           | -       | -                                      |
|                                                                                                     |                             |                                                                              |                                                                                                          |                |              |             |       |                |      |           |                       | İ  | П   |      |           | П       | Ţ     |       |   |             | I       |                                        |
| 6                                                                                                   |                             |                                                                              |                                                                                                          | П              |              | -           |       |                |      |           |                       | ╀  | H   | _    | ╀         | Н       | _     | -     | Н | _           | 4       | _                                      |
| 7                                                                                                   |                             |                                                                              |                                                                                                          | H              | +            | -           | H     |                | -    |           | ╫                     | ╬  | Н   | ╅    | ╄         | ╁       | ┿     | 十     | Н | +           | ╅       | _                                      |
| 1                                                                                                   |                             |                                                                              |                                                                                                          | H              | -            | -           | ۲     |                |      |           |                       | T  | П   |      | T         | Ħ       | 1     | İ     |   |             | 1       | -                                      |
| 8                                                                                                   |                             | :                                                                            |                                                                                                          |                |              |             |       |                |      |           | Ц                     | Ţ  |     |      | Ţ.        | П       | Ţ     | L     | П | Ц           |         | _                                      |
|                                                                                                     |                             | <u></u>                                                                      |                                                                                                          | H              |              |             | L     |                | -    |           | ╁                     | ╀  | H   | 4    | Ļ         | Н       | ╬     | ╀     | H | ┢╋          | +       |                                        |
| 9                                                                                                   |                             |                                                                              |                                                                                                          | H              |              |             | ┝     |                | -    | H         | H                     | ╁  | H   | +    | ╁         | H       | _     | t     |   | 1           | †       | _                                      |
| 1 0                                                                                                 |                             |                                                                              | <u> </u>                                                                                                 |                |              |             | Ĺ     |                |      | L         |                       | Ţ  |     |      | Ţ         | П       | 1     |       |   |             | 1       | 30                                     |
|                                                                                                     |                             |                                                                              |                                                                                                          | П              |              |             |       |                |      |           | Ц                     | _  | Ц   | Ц    |           | Ц       |       | Ļ     | H | Ц           | 4       |                                        |
| 1 1                                                                                                 | -                           |                                                                              |                                                                                                          |                | -            |             | L     | -              | -    | L         | ₩                     | ╬  | H   | ╫    | ╁         | ₩       | ╁     | _     |   | H           | 4       | -                                      |
| 1 2                                                                                                 | <u> </u>                    |                                                                              |                                                                                                          | H              | +            | +-          | t     | <del>   </del> | +    | H         | H                     | +  | ╁   | H    | †         | Ħ       |       | 1     | T | 廿           | T       | _                                      |
|                                                                                                     | <u>L</u>                    |                                                                              |                                                                                                          |                |              |             |       |                |      |           | П                     |    |     |      |           | $\prod$ |       |       |   |             |         | 95                                     |
| Waste<br>sole tra<br>other p                                                                        | was shipp<br>ansporter i    | ed from the generator's<br>under U.S. EPA Transp<br>er solvents, and then sh | y line number - see in<br>location to the Sanford<br>orter ID # ILD 98490820<br>ipped to the Safety-Klee | facili<br>2. T | ty w<br>he י | itho<br>vas | te v  | vas            | bull | ked       | at t                  | he | San | ford | fac       | ility   | witi  | 7     |   |             |         |                                        |

| <u> </u>                                                                                           | 1. TYPE OF HAZARDOUS WASTE REPORT                                                 |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                             | PART A: GENERATOR ANNUAL REPORT                                                   |
|                                                                                                    | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                      |
| Use this form as a cover for all required reports.                                                 | PART B: FACILITY ANNUAL REPORT                                                    |
|                                                                                                    | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                      |
|                                                                                                    | PART C: UNMANIFESTED WASTE REPORT                                                 |
| :                                                                                                  | THIS REPORT IS FOR A WASTE                                                        |
| II. INSTALLATION'S EPA ID NUMBER                                                                   | RECEIVED (day/mo/yr) 0 4 / 0 6 / 2 0 0 0                                          |
| F L D 9 8 4 1 7 1 1 6 5                                                                            |                                                                                   |
|                                                                                                    |                                                                                   |
| III. NAME OF INSTALLATION  SAFETY-KLEEN SYST                                                       | FIEMS, IINC.                                                                      |
|                                                                                                    |                                                                                   |
| IV. INSTALLATION MAILING ADDRESS                                                                   |                                                                                   |
| 600 CENTRAL PARK                                                                                   | DRIVE                                                                             |
| SANFORD, FL: 3277                                                                                  |                                                                                   |
| V. LOCATION OF INSTALLATION                                                                        |                                                                                   |
| 6 0 0 CENTRAL PARK                                                                                 | DRIVE                                                                             |
| SANFORD, FL 3277                                                                                   |                                                                                   |
| VI. INSTALLATION CONTACT                                                                           |                                                                                   |
| NAME (last and first)                                                                              | PHONE NO. (area code & no.)                                                       |
| KEITH MARCILLE                                                                                     | 4 0 7 3 2 1 6 0 8 0                                                               |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                               | ts only)                                                                          |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                              |                                                                                   |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                              |                                                                                   |
| \$      ,      ,                                                                                   | \$     ,   ,                                                                      |
| IX. CERTIFICATION                                                                                  |                                                                                   |
|                                                                                                    | familiar with the information submitted in this and all attached documents        |
|                                                                                                    | nsible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant po-<br>fines and imprisonment. | enames for submitting raise information, including the possibility of             |
| and anymoranom.                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    | B. Signature C. Date Signed                                                       |

i i

|                |                        |                                                      | F                       | FACILITY RI                            | ΕPO                  | RT .         | РΑ                  | RT   | ŝВ    | & C   | per d  |        |      |      |       |                         |              |      |         |                    | 5555      |          |
|----------------|------------------------|------------------------------------------------------|-------------------------|----------------------------------------|----------------------|--------------|---------------------|------|-------|-------|--------|--------|------|------|-------|-------------------------|--------------|------|---------|--------------------|-----------|----------|
| FOR            | OFFICAL                | 1. Date Received                                     | XVI T                   | YPE OF REI                             | POR                  | T (e         | ntei                | r an | χì    |       | χv     | li. F  | ACII | LITI | ES I  | EΡΑ                     | ID I         | NO.  |         |                    |           |          |
|                | OFFICAL<br>ONLY        | 2. Received By                                       |                         |                                        |                      |              |                     | -    | ^/    | -     |        | L      |      |      |       |                         |              |      | 5       |                    | <i>.</i>  | "        |
| (item          | s 1 & 2)               |                                                      | Pa                      |                                        | Pa                   |              |                     |      |       |       |        |        |      |      |       |                         |              |      |         |                    |           | _        |
| XVIII. G       |                        | ORS EPA ID NO. 6 8 0 0 0 1 4 5 8 5                   |                         | XX. GENE                               |                      | 411          | 'S A                | /DD  | RE    | SS (  | str    | eet o  | or P | 0 b  | ox,   | city,                   | sta          | te,  | & Zi    | рс                 | ode       | 4        |
| VIV CE         |                        |                                                      |                         | BLDG                                   |                      |              | _                   | 5 (  | ) 5   | I     | LΕ     | F '    | Г    | Α    | R E   | Α                       |              |      |         |                    |           | ١        |
| AIA. GE        | KENNEDY SPACE CENTER   |                                                      |                         |                                        |                      |              |                     |      |       |       |        |        |      |      |       | ١                       |              |      |         |                    |           |          |
| VIV 144        | ACTE IDEA              | NTIFICATION                                          |                         | CAPE                                   |                      | : A          | N                   | A V  | E     | R A   | \ L    | ,<br>  | F    | L    | 3     | 2                       | 8 1          | 5    |         |                    |           | **       |
|                | 451E IDEN              | TIFICATION                                           |                         |                                        |                      |              | S                   |      |       |       | Ű      |        |      |      | ż     |                         | 922          |      |         | OF.                | ű.        | ٦        |
| LINE<br>NUMBER |                        | A. DESCRIPTION OF                                    | WASTE                   |                                        |                      | B. EPA       | 80                  | ABEL |       | ļ     | NDE    | METHOD | l    |      | MOU   | P                       | 2            |      |         | NTS                | MEASURE   |          |
|                |                        |                                                      |                         |                                        |                      | mi           | HAZ                 | Ž    | :     | ١     | ₹<br>: | Z      | ı    |      | D.    | 3                       | <b>≥</b>     |      |         | Щ<br>О             | ΜĒ        |          |
| 1              | Waste Co               | mbustible Liquid, N.O.S.                             | (Petroleur              | m Naptha)                              | D                    |              |                     |      |       |       | Š      | 0      | 2    | П    |       | П                       | Ţ            | 1    | 7       | G                  |           |          |
|                | NA1993                 | PGIII (ERG # 128)                                    | ·········               |                                        | 미                    | 0 1          | 8                   | D (  | 0 4   | 0     | _      | ╀      |      | H    | _     | ╂                       | +            | ╁    | Н       | +                  | +         | H        |
| 2              |                        |                                                      |                         |                                        | H                    |              |                     | +    |       |       | ╁      | Ħ      | ╅    |      |       | 廿                       |              | 1    |         | 1                  | T         |          |
| 3              |                        |                                                      |                         |                                        |                      |              |                     |      |       |       |        |        |      |      | 1     | П                       |              | _    | Ц       |                    |           | Ц        |
| 4              |                        | :                                                    |                         |                                        |                      |              | Н                   | -    |       | H     | ╁      | ╂      | +    | ╀    | -     | +                       | +            | ╁    | H       | ╁                  | H         | Н        |
| "              |                        |                                                      | <u></u>                 |                                        |                      |              |                     |      |       |       | 1      | П      |      |      | I     |                         |              | Ţ    |         | 土                  | Ţ         |          |
| 5              |                        |                                                      |                         |                                        |                      |              |                     |      |       |       |        |        | 4    |      |       | $\downarrow \downarrow$ | 4            | ╀    | Ц       | 4                  | ╄         | Ц        |
| 6              |                        | :<br>:                                               |                         | <del>,</del>                           | H                    | +            | -                   | H    | -     | H     | +      | ╁      |      | ╁    | ╁     | +                       | $\mathbf{H}$ | -    | H       |                    | ╁         | H        |
| ľ              |                        |                                                      |                         |                                        |                      |              |                     |      |       |       |        | П      |      |      |       |                         |              |      |         | 1                  |           |          |
| 7              |                        |                                                      |                         |                                        |                      |              |                     | Щ    |       |       | +      |        | 4    | -    | H     | 4                       | H            | -    |         | +                  | ╀         | H        |
| 8              |                        | :                                                    |                         | · · · · · · · · · · · · · · · · · · ·  | H                    | -            |                     | H    |       |       | -      | +      | ╁    | 十    | H     | ╁                       | H            | t    | _       |                    | $\dagger$ | 上        |
|                |                        |                                                      |                         |                                        |                      |              |                     |      |       |       |        |        |      | Ţ    | П     |                         | Ц            | Ţ    | П       | Ţ                  |           |          |
| 9              |                        |                                                      |                         |                                        |                      | -            |                     | H    | +     | H     | +      | ╀      | -    | ╀    | ₩     | ┿                       | H            | +    | H       | -                  | ╁         | ┝        |
| 1 0            | i                      | :<br>:                                               | ·····                   | ·····                                  |                      | +            | -                   |      | -     |       | +      | T      |      |      |       |                         | $\Box$       | ╅    |         | İ                  |           | İ        |
|                |                        | :                                                    |                         |                                        | Д                    |              |                     | Щ    |       |       |        | T      | П    | Ţ    | П     | 1                       | П            |      | $\prod$ | $oldsymbol{\perp}$ |           | F        |
| 1 1            |                        |                                                      |                         |                                        | H                    | +            |                     | H    | +     | H     | ╁      | ╂      | ╁    | ╬    | ╁┼    | ╁                       | H            | +    | H       | -                  | ╁         | ┢        |
| 1 2            |                        |                                                      |                         |                                        | U                    | İ            |                     |      |       | Ħ     |        | T      | I    | 1    |       |                         |              | 1    |         | I                  | Ţ         | Ţ        |
|                |                        | :                                                    |                         | ······································ | П                    | -            |                     |      |       |       |        | 200    |      |      |       |                         |              | 33.3 |         | ****               |           | <br>**** |
| Waste          | was shipp              | S (enter information by lead from the generator's lo | ine numb<br>cation to t | oer - see ins<br>the Sanford t         | <b>truc</b><br>acili | tior<br>ty w | i <b>s)</b><br>itho | ut a | ma    | nife  | st.    | Safe   | ty-K | lee  | n wa  | s th                    | e<br>e       |      |         |                    |           |          |
| sole tra       | ansporter u            | inder U.S. EPA Transport                             | er ID # IL              | D 98490820                             | 2. T                 | he v         | vast                | te w | as t  | oulke | ed a   | at the | e Sa | nfo  | rd fa | cility                  | / wit        | th   |         |                    |           |          |
|                | arts washeng by distil | er solvents, and then shipp<br>lation.               | ed to the               | Safety-Klee                            | n Le                 | xing         | ton                 | Hed  | cycle | e Ce  | ente   | r (IN  | Lex  | ingt | on,   | აC)                     | Юľ           |      |         |                    |           |          |
| . 50,011       |                        | <del></del>                                          |                         |                                        |                      |              |                     |      |       |       |        |        |      |      |       |                         |              |      |         |                    |           |          |
|                |                        |                                                      |                         |                                        |                      |              |                     |      |       |       |        |        |      |      |       |                         |              |      |         |                    |           |          |
|                |                        |                                                      |                         |                                        |                      |              |                     |      |       |       |        |        |      |      |       |                         |              |      |         |                    |           |          |
| 1              |                        |                                                      |                         |                                        |                      |              |                     |      |       |       |        |        |      |      |       |                         |              |      |         |                    |           |          |

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|                                                                                                                                                 | 1. TYPE OF HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                                                                          | PART A: GENERATOR ANNUAL REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                 | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Use this form as a cover for all required reports.                                                                                              | PART B: FACILITY ANNUAL REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                 | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                 | PART C: UNMANIFESTED WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                 | THIS REPORT IS FOR A WASTE  RECEIVED (day/mo/yr) 0 4 / 2 8 / 2 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| III. INSTALLATION'S EPA ID NUMBER                                                                                                               | RECEIVED (day/mo/yr) 0 4 / 2 8 / 2 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| F L D 9 8 4 1 7 1 1 6 5                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| III. NAME OF INSTALLATION                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SAFETY-KLEEN SYST                                                                                                                               | EMS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6 0 0 CENTRAL PARK                                                                                                                              | DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| V. LOCATION OF INSTALLATION                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 600 CENTRAL PARK                                                                                                                                | DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SANFORD, FL: 32771                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| VI. INSTALLATION CONTACT  NAME (last and first)                                                                                                 | PHONE NO. (area code & no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| KEITH MARCILLE                                                                                                                                  | 4 0 7 3 2 1 6 0 8 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                            | s only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 1                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| \$   ,   ,   ,   .                                                                                                                              | \$     ,     ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| IX. CERTIFICATION                                                                                                                               | the state of the state of the state and all attached documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I certify under penalty of law that I have personally examined and am t                                                                         | amiliar with the information submitted in this and all attached documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| and that based on the inquiry of those individuals immediately response true, accurate, and complete. I am aware that there are significant per | sible for obtaining the information, I believe that the submitted information is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                 | O Date Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| A. Print or Type Name                                                                                                                           | B. Signature C. Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| ·····               | ·                              |                                                                                                |               | OU ITY D           |      |        | D.A       | DT    | - B  |      |           |               | - * - • -          | ,    | ,                      |       |       |               |     |              |         | -         |
|---------------------|--------------------------------|------------------------------------------------------------------------------------------------|---------------|--------------------|------|--------|-----------|-------|------|------|-----------|---------------|--------------------|------|------------------------|-------|-------|---------------|-----|--------------|---------|-----------|
| USE                 | OFFICAL<br>E ONLY<br>is 1 & 2) | 1. Date Received  - 1 9  2. Received By                                                        |               | Boo                | POR  | T (e   | nte       | r an  | X)   |      | X\<br>[F  | L             | D                  | 9 8  | 4                      | 1 7   | 1     | 1 6           | 5   |              |         |           |
| VIII. G             |                                | ORS EPA ID NO.                                                                                 | 5             | XX. GENE           |      |        | 'S /      | \DD   | RE   | SS   | (stı      | reet          | or !               | PO I | оох,                   | city  | /, st | ate,          | & 2 | <u>zip c</u> | :ode    | <u>e)</u> |
| UV GE               |                                | R NAME (specify)                                                                               |               | BLDG               |      | л7     | _         | 5 (   | 0 5  | ]    | LE        | 3 F           | Т                  | Α    | RI                     | Ξ Α   |       |               |     |              |         |           |
| ()/L. GL            |                                | ( )                                                                                            |               | K E N N<br>C A P E |      |        |           |       |      |      |           |               |                    |      |                        |       | 8     | 1 5           | 5   |              |         |           |
| (IX. W              | ASTE IDEI                      | NTIFICATION                                                                                    |               |                    |      |        |           |       |      |      |           |               |                    |      |                        |       |       |               |     |              |         |           |
| LINE                |                                | A. DESCRIPTION OF                                                                              | F WASTE       |                    |      | B. EPA | HAZARDOUS | WASIE |      |      | C HANDING | METHOD        |                    |      | TNICHA                 | OF O  | WASTE |               |     | E LINITS OF  | MEASURE |           |
| 1                   | Waste Co                       | ombustible Liquid, N.O.S.                                                                      | (Petroleum    | Naptha)            |      | 0 0    |           |       |      |      |           | so            | 2                  | Ţ    | П                      | Ţ     | Ц     |               | 7   | G            | 1       | ļ         |
| 2                   | NA1993                         | PGIII (ERG # 128)                                                                              |               | ************       | 미    | 0 1    | 8         | D) (  | 0 4  | LO   | -         | ╁             | H                  | -    | ╁┼                     | ╬     | H     | +             | ╁   | ╁┼           | ╁       | ł         |
|                     |                                |                                                                                                |               |                    | H    |        |           |       |      |      |           | T             |                    |      | П                      | 士     | Ħ     |               | t   | 廿            | 土       |           |
| 3                   |                                |                                                                                                |               |                    |      |        |           |       |      |      |           |               |                    |      |                        |       |       | $\frac{1}{2}$ |     | Н            |         |           |
| 4                   |                                |                                                                                                |               |                    |      |        |           |       |      |      |           |               |                    |      |                        |       |       |               |     | Н            |         | _         |
| 5                   |                                |                                                                                                |               |                    |      |        |           |       |      |      |           | _             |                    |      | Н                      |       |       |               |     | Ц            | _       |           |
| 6                   |                                |                                                                                                |               |                    |      |        |           |       |      |      |           | $\pm$         |                    |      |                        | ‡     |       |               |     | Н            |         |           |
| 7                   |                                |                                                                                                |               |                    |      |        | -         |       |      |      |           |               |                    | 1    | Н                      |       |       |               | -   |              |         | -         |
| 8                   |                                |                                                                                                |               |                    |      |        |           |       |      |      |           | 1             |                    |      |                        |       |       |               |     | Н            |         |           |
| 9                   |                                |                                                                                                |               |                    | Н    |        |           |       |      |      |           |               |                    |      |                        |       | +     | Н             | †   | H            | +       |           |
| 10                  |                                |                                                                                                |               |                    |      |        |           |       |      |      |           | $\frac{1}{1}$ |                    |      |                        |       |       | Н             |     | H            |         |           |
| 11                  |                                |                                                                                                |               |                    |      |        |           |       |      |      | Н         | +             | $oldsymbol{\perp}$ | 1    |                        |       |       |               |     |              |         | -         |
| 1 2                 |                                |                                                                                                |               |                    |      |        |           |       |      |      |           | +             |                    | Н    | $oldsymbol{\parallel}$ |       |       | Н             |     |              |         |           |
|                     |                                | S (enter information by                                                                        |               |                    |      |        |           |       |      |      |           |               |                    |      |                        |       |       |               |     |              |         |           |
| sole tra<br>other p | ansporter (                    | ed from the generator's li<br>under U.S. EPA Transpo<br>er solvents, and then ship<br>llation. | rter ID # ILD | 98490820           | 2. T | he v   | vast      | e w   | as t | bulk | ed        | at th         | ie S               | anfo | ord fa                 | acili | ty w  | ith           |     |              |         |           |
| ļ.                  |                                |                                                                                                |               |                    |      |        |           |       |      |      |           |               |                    |      |                        |       |       |               |     |              |         |           |

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                      | PART B: FACILITY ANNUAL REPORT                                                  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
|                                                                         | PART C: UNMANIFESTED WASTE REPORT                                               |
|                                                                         | THIS REPORT IS FOR A WASTE                                                      |
|                                                                         | RECEIVED (day/mo/yr) 0 6 / 1 6 / 2 0 0 0                                        |
| II. INSTALLATION'S EPA ID NUMBER                                        |                                                                                 |
| F L D 9 8 4 1 7 1 1 6 5                                                 |                                                                                 |
| III. NAME OF INSTALLATION                                               |                                                                                 |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                 |
| 6 0 0 CENTRAL: PARK                                                     | DRIVE                                                                           |
| SANFORD, FL 32771                                                       |                                                                                 |
| V. LOCATION OF INSTALLATION                                             |                                                                                 |
| 6 0 0 CENTRAL PARK                                                      | DRIVE                                                                           |
| SANFORD, FL 32771                                                       |                                                                                 |
| VI. INSTALLATION CONTACT                                                |                                                                                 |
| NAME (last and first)                                                   | PHONE NO. (area code & no.)                                                     |
| KEITH MARCILLE                                                          | 4 0 7 3 2 1 6 0 8 0                                                             |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                   | s only)                                                                         |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                 |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                 |
| \$ , ,                                                                  | \$      ,        ,                                                              |
| IX. CERTIFICATION                                                       |                                                                                 |
|                                                                         | amiliar with the information submitted in this and all attached documents       |
|                                                                         | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pen | alties for submitting false information, including the possibility of           |
| fines and imprisonment.                                                 |                                                                                 |
|                                                                         |                                                                                 |
|                                                                         |                                                                                 |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                     |

· .)\_

|                                |                                                                  | FACILITY RI                                               | EPORT - PARTS B &                                | ·                                                                        |                        |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------|------------------------|--|--|--|--|--|--|--|--|--|--|
|                                | 1. Date Received                                                 |                                                           |                                                  | XVII. FACILITIES EPA ID                                                  | NO                     |  |  |  |  |  |  |  |  |  |  |
|                                | OFFICAL - 19<br>E ONLY 2. Received By                            | XVI TYPE OF REI                                           | PORT (enter an X)                                | F L D 9 8 4 1 7 1                                                        |                        |  |  |  |  |  |  |  |  |  |  |
|                                | ns 1 & 2)                                                        | Part B X                                                  | Part C                                           |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                | GENERATORS EPA ID NO.                                            |                                                           |                                                  | (street or PO box, city, sta                                             | ate, & zip code)       |  |  |  |  |  |  |  |  |  |  |
| F L 6 8 0 0 0 1 4 5 8 5 DYNACS |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
| XIX. GE                        | IX. GENERATOR NAME (specify) BLDG M7-505 LEFT AREA               |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                | KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815                    |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
| YIY W                          | ASTE IDENTIFICATION                                              | CAPE                                                      | CANAVER                                          | AL, FL 320                                                               | 1 )                    |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           | US<br>3                                          | NG TN                                                                    | 卢빌                     |  |  |  |  |  |  |  |  |  |  |
| NE FE                          | A. DESCRIPTION                                                   | OF WASTE                                                  | B. EPA<br>AZARDOU<br>WASTE<br>NUMBER             | HANDLING<br>METHOD<br>METHOD<br>METHOD<br>OF<br>WASTE                    | STIS                   |  |  |  |  |  |  |  |  |  |  |
| LINE                           | A. DEOO!!!! HO!!                                                 | <b>5.</b> <i>(m.</i> <b>5.</b> 1                          | B. EPA<br>HAZARDOUS<br>WASTE<br>NUMBER           | NET MET                                                                  | E. UNITS OF<br>MEASURE |  |  |  |  |  |  |  |  |  |  |
|                                | Waste Combustible Liquid, N.O.                                   | C /Potroleum Nantha)                                      | 포<br>D001D039                                    |                                                                          | ші <sup>—</sup><br>16G |  |  |  |  |  |  |  |  |  |  |
|                                | NA1993 PGIII (ERG # 128)                                         | o. (r enoleum Napula)                                     | D 0 1 8 D 0 4 0                                  | <del>│</del> <del>▄▞▄</del> ▞ <del>▄</del> ▞ <del>▄</del> ▞ <del>▄</del> |                        |  |  |  |  |  |  |  |  |  |  |
| 2                              |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  | ┇╃╀╀╀╀┼┼┼┼                                                               |                        |  |  |  |  |  |  |  |  |  |  |
| 3                              |                                                                  |                                                           |                                                  | <del>╒╏╏╏</del>                                                          | ╂                      |  |  |  |  |  |  |  |  |  |  |
| 4                              |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
| 5                              |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  | ┇┦╏┩╏┩╏╏                                                                 | ┸╃╀┼                   |  |  |  |  |  |  |  |  |  |  |
| 6                              |                                                                  |                                                           |                                                  | <del>┇╽╏╏</del> ┪╂┼┼┼┼                                                   | ╅┼┼┼┼                  |  |  |  |  |  |  |  |  |  |  |
| 7                              |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
| 8                              |                                                                  |                                                           |                                                  |                                                                          | ┸┸╀┼                   |  |  |  |  |  |  |  |  |  |  |
| 9                              |                                                                  |                                                           |                                                  | <del>╏╎╏╏╏</del> ╏                                                       | ╅╂╅╂                   |  |  |  |  |  |  |  |  |  |  |
| "                              |                                                                  |                                                           |                                                  |                                                                          | +++++                  |  |  |  |  |  |  |  |  |  |  |
| 10                             | :                                                                |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                | :                                                                |                                                           |                                                  |                                                                          | 4444                   |  |  |  |  |  |  |  |  |  |  |
| 1 1                            |                                                                  |                                                           |                                                  | <del>┇╏╏┪╏╏╏</del>                                                       | <del>╃╃╅╃╋</del>       |  |  |  |  |  |  |  |  |  |  |
| 1 2                            |                                                                  | <u>, , , , , , , , , , , , , , , , , , , </u>             |                                                  | <del>┋╏╏╏╏</del>                                                         | ╅╅╅╂╂                  |  |  |  |  |  |  |  |  |  |  |
| -                              |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                | OMMENTS (enter information                                       |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
| Waste                          | was shipped from the generator's ansporter under U. S. EPA Trans | s location to the Sanford for<br>porter ID # SCB 0000751/ | acility without a manife<br>50. The waste was bu | est. Safety-Kleen was the<br>lked at the Sanford facility w              | rith                   |  |  |  |  |  |  |  |  |  |  |
| other p                        | parts washer solvents, and then s                                | hipped to the Safety-Kleer                                | Lexington Recycle C                              | enter (in Lexington, SC) for                                             |                        |  |  |  |  |  |  |  |  |  |  |
| 1                              | ng by distillation.                                              |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                  |                                                           |                                                  |                                                                          |                        |  |  |  |  |  |  |  |  |  |  |

|                                                                                                                                                   | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                                                                            | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                                                                                                   | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                                                                                                | PART B: FACILITY ANNUAL REPORT                                                   |
|                                                                                                                                                   | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
|                                                                                                                                                   | PART C: UNMANIFESTED WASTE REPORT                                                |
|                                                                                                                                                   | THIS REPORT IS FOR A WASTE                                                       |
|                                                                                                                                                   | RECEIVED (day/mo/yr) 0 7 / 2 1 / 2 0 0 0                                         |
| II. INSTALLATION'S EPA ID NUMBER                                                                                                                  |                                                                                  |
| F L D 9 8 4 1 7 1 1 6 5                                                                                                                           |                                                                                  |
| III. NAME OF INSTALLATION                                                                                                                         |                                                                                  |
| SAFETY-KLEEN SYST                                                                                                                                 | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                  |                                                                                  |
| 600 CENTRAL PARK                                                                                                                                  | DRIVE                                                                            |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                     |                                                                                  |
| V. LOCATION OF INSTALLATION                                                                                                                       |                                                                                  |
|                                                                                                                                                   | DRIIVE                                                                           |
| 6 0 0 CENTRAL PARK                                                                                                                                | DRIVE                                                                            |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                     |                                                                                  |
| VI. INSTALLATION CONTACT                                                                                                                          | PHONE NO. (area code & no.)                                                      |
| NAME (last and first)                                                                                                                             | 407 321 6080                                                                     |
|                                                                                                                                                   |                                                                                  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                              | is only)                                                                         |
|                                                                                                                                                   |                                                                                  |
|                                                                                                                                                   |                                                                                  |
|                                                                                                                                                   |                                                                                  |
|                                                                                                                                                   |                                                                                  |
|                                                                                                                                                   |                                                                                  |
|                                                                                                                                                   |                                                                                  |
|                                                                                                                                                   |                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                             |                                                                                  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                             |                                                                                  |
| \$     ,     ,       .                                                                                                                            |                                                                                  |
| IX. 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 the inquiry of those individuals immediately response<br>true, accurate, and complete. I am aware that there are significant pe | sible for obtaining the information, I believe that the submitted information is |
| fines and imprisonment.                                                                                                                           | names for submitting talse information, including the possibility of             |
| miles and imprisorment.                                                                                                                           |                                                                                  |
|                                                                                                                                                   |                                                                                  |
|                                                                                                                                                   |                                                                                  |
| A. Print or Type Name                                                                                                                             | B. Signature C. Date Signed                                                      |
|                                                                                                                                                   |                                                                                  |

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|             |                   | N. W                                    |              | FACILITY R                               | EPOI    | RT -            | PΑ              | RTS    | В&     | Ċ                                      | ,                  | ******            |          |                     |                  |          |          | ****        |                  |
|-------------|-------------------|-----------------------------------------|--------------|------------------------------------------|---------|-----------------|-----------------|--------|--------|----------------------------------------|--------------------|-------------------|----------|---------------------|------------------|----------|----------|-------------|------------------|
|             |                   | 1. Date Receiv                          |              |                                          |         |                 | _               |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             | OFFICAL<br>E ONLY | 2. Received By                          | <del> </del> | XVI TYPE OF REI                          | POR'    | r (er           | iter            | an )   | ()     |                                        | VII. F.<br>F  L  I |                   |          |                     |                  |          |          |             |                  |
|             | ns 1 & 2)         | z. Necewed D                            |              | Part B X                                 | Pai     | rt C            |                 |        |        | "                                      |                    | تات               | <u> </u> |                     | 1.1              | <u>'</u> | ĭ        |             |                  |
| XVIII. (    | GENERAT           | ORS EPA ID NO.                          |              | XX. GENE                                 | RAT     | OR'             | S A             | DDF    | ESS    | (st                                    | reet o             | or Po             | ) bo     | K, Cİ               | y, st            | ate,     | & zi     | рсс         | ode)             |
|             |                   | 6 8 0 0 0 1 4                           | 5 8 5        | DYNA                                     |         |                 |                 |        |        | •                                      |                    |                   |          | -                   |                  | ****     |          | -           |                  |
|             | NERATO            | R NAME (specify)                        |              | BLDG                                     | M       | 7 -             |                 | 5 0    | 5      | L                                      | EF?                | Γ                 | A R      | E A                 | A.               |          |          |             |                  |
|             |                   |                                         |              | KENN                                     |         |                 |                 |        |        |                                        | CI                 |                   |          |                     |                  |          |          |             |                  |
| XIX. W      | ASTE IDE          | NTIFICATION                             |              | CAPE                                     | C       | A N             | √ <i>A</i>      | \ V    | E R    | A J                                    | L,                 | F                 | L        | 3                   | 2 8              | 1 5      |          |             |                  |
|             |                   | 90000                                   |              |                                          |         | <u> </u>        | 28628<br>2<br>2 | 200    |        | <b>2000</b>                            | 5                  | ******            |          | <u> </u>            |                  |          | 223      | - L         | <b>жини</b><br>Ш |
|             |                   | A. DESCRIPTION                          | :<br>ON OF W | <b>ASTF</b>                              |         | B. EPA          | 3 12            | NUMBER |        | ֡֞֜֞֜֞֜֜֞֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜ | ξË                 | ı                 |          | AMOUNT<br>OF        | WASTE            |          |          | EL          | SUR              |
| LINE        |                   | /                                       | T. T         |                                          |         | B. 5            | ₹₹              | Š      |        | Š                                      | METHOD             | ı                 |          | ت<br>ا              | ×                |          |          | E. UNITS OF | MEA              |
| 1           | Waste Co          | mbustible Liquid, N                     | ios (Pa      | etroleum Naotha)                         | DΙο     | <u>.</u><br>[0] | 1 1             |        | 3 9    | <u> </u>                               | sio:               | 2                 | т        | Ĥ                   | TI               | 11       | 7 0      | -           | П                |
|             | l .               | PGIII (ERG # 128                        | •            | on oloum reapulary                       | DO      | 1               | 8 [             | 00     | 40     | H                                      |                    |                   | ╫        | H                   | H                | Ħ        |          | Ħ           | Н                |
| 2           |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         | -            |                                          |         |                 |                 |        |        | Ц                                      | 44                 |                   |          | Щ                   | $\coprod$        | _        |          | Ш           |                  |
| 3           |                   |                                         |              |                                          |         | -               | 4               | ₩      |        | H                                      | ┿                  | +                 | +        | H                   | ╫                | -        | -        | +           |                  |
| 4           |                   | •••••                                   |              |                                          |         |                 | 7               |        | -      | H                                      | $\dagger \dagger$  |                   |          | H                   | ††               | +        | T        | H           | Ш                |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     | П                |          |          |             |                  |
| 5           |                   |                                         |              |                                          |         |                 |                 |        |        | Ц                                      | 44                 | Щ                 |          | Щ                   |                  |          |          |             |                  |
| 6           |                   |                                         | :            |                                          | Н.      |                 | 4               |        |        | H                                      | ┿                  | 4                 | _        | H                   | ₩                | _        | -        | -           |                  |
|             |                   |                                         |              |                                          |         |                 | ₩               |        | -      | H                                      | ╁                  | H                 | ╁        | H                   | ╁                | ╁        | +        | ${\sf H}$   | Н                |
| 7           |                   | ······································  | :            |                                          |         |                 | 1               |        | ****** | H                                      | $\dagger\dagger$   |                   | 十        | H                   | Ħ                | T        | 十        |             | Ш                |
|             |                   | <del>,</del>                            | :            |                                          |         |                 |                 |        |        | П                                      | Щ                  |                   |          |                     | Щ                |          |          |             |                  |
| 8           |                   |                                         | :            |                                          | <b></b> | Ш               | _               | #      |        | Н                                      | 44                 |                   |          | Ш                   | 44               | 44       |          | -           |                  |
| 9           |                   |                                         |              |                                          |         |                 | -               | ┿      | -      | H                                      | ╁                  |                   | ╫        | H                   | H                | +I       | ╁        | ╂           | H                |
|             |                   |                                         |              |                                          |         |                 |                 |        |        | П                                      | $\dagger \dagger$  |                   | 十        |                     | $\dagger\dagger$ | $\top$   |          | T           | П                |
| 10          |                   |                                         |              |                                          |         |                 |                 |        |        | П                                      | П                  |                   |          | П                   | П                |          |          |             |                  |
| <del></del> |                   | • • • • • • • • • • • • • • • • • • • • |              |                                          |         |                 | _               |        | $\bot$ | igspace                                | #                  | Щ                 | 4        | $oldsymbol{\sqcup}$ | igoplus          | Щ        | 4        | ┦           |                  |
| 1 1         |                   |                                         |              |                                          |         |                 | 4               | +-     | ╫      | ₩                                      | ╂                  | H                 | ╫        | ₩                   | ╫                | ╫        | ╁        | ₩           | ┟╂┤              |
| 1 2         |                   |                                         | :            |                                          |         | #               | 7               |        |        | H                                      | ††                 | $\dagger \dagger$ | ╈        | H                   | $\dagger\dagger$ | _        | <b>-</b> |             |                  |
| **********  |                   | ,                                       |              |                                          |         |                 |                 |        |        |                                        | П                  |                   |          |                     | П                |          |          |             |                  |
|             |                   | ·····                                   |              | number - see inst                        |         | •               | -0              |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              | on to the Sanford fa<br>D # SCR 00007515 |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  | ith      |          |             |                  |
| other pa    | arts washe        | r solvents, and the                     |              | to the Safety-Kleen                      |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
| recyclin    | g by distilla     | ation.                                  |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |

|                                                                                              | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                       | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                                           | PART B: FACILITY ANNUAL REPORT                                                   |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
|                                                                                              | PART C: UNMANIFESTED WASTE REPORT                                                |
|                                                                                              | THIS REPORT IS FOR A WASTE  RECEIVED (day/mo/yr)                                 |
| W INOTALLATIONIC EDA ID MINAPED                                                              | RECEIVED (day/mo/yr) 0 8 / 1 6 / 2 0 0 0                                         |
| II. INSTALLATION'S EPA ID NUMBER  F L D 9 8 4 1 7 1 1 6 5                                    |                                                                                  |
|                                                                                              |                                                                                  |
| III. NAME OF INSTALLATION  S A F E T Y - K L E E N S Y S T                                   | EMS, INC.                                                                        |
|                                                                                              |                                                                                  |
| IV. INSTALLATION MAILING ADDRESS                                                             |                                                                                  |
| 600 CENTRAL PARK                                                                             | DRIVE                                                                            |
| S A N F O R D , F L 3 2 7 7 1                                                                |                                                                                  |
| V. LOCATION OF INSTALLATION                                                                  |                                                                                  |
| 600 CENTRAL PARK                                                                             | DRIVE                                                                            |
| SANFORD, FL: 32771                                                                           |                                                                                  |
| VI. INSTALLATION CONTACT                                                                     |                                                                                  |
| NAME (last and first)                                                                        | PHONE NO. (area code & no.)                                                      |
| KEITH MARCILLE                                                                               | 4 0 7 3 2 1 6 0 8 0                                                              |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                         | is only)                                                                         |
|                                                                                              |                                                                                  |
| :                                                                                            |                                                                                  |
|                                                                                              |                                                                                  |
|                                                                                              |                                                                                  |
|                                                                                              |                                                                                  |
| :                                                                                            |                                                                                  |
|                                                                                              |                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE |                                                                                  |
| \$ , COST ESTIMATE FOR FACILITY GLOSORE                                                      |                                                                                  |
| IX. CERTIFICATION                                                                            |                                                                                  |
|                                                                                              | familiar with the information submitted in this and all attached documents       |
|                                                                                              | sible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pe                       | nalties for submitting false information, including the possibility of           |
| fines and imprisonment.                                                                      |                                                                                  |
|                                                                                              |                                                                                  |
|                                                                                              |                                                                                  |
| A. Print or Type Name                                                                        | B. Signature C. Date Signed                                                      |
|                                                                                              |                                                                                  |

|                   | ·                                                                                                                                                          | FACILITY RI                                     | EPOR              | T - P              | ART    | SB&           | C              |         |            |                   |         |         | CC    |                        |            |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|--------------------|--------|---------------|----------------|---------|------------|-------------------|---------|---------|-------|------------------------|------------|
| EOB               | 1. Date Received                                                                                                                                           | XVI TYPE OF REI                                 | PORT              | (ent               | er an  | (X)           | χ\             | /II. FA | CILIT      | ries i            | EPA I   | D NO.   |       |                        |            |
|                   | E ONLY 2. Received By                                                                                                                                      |                                                 |                   | •                  |        | , , , ,   (a) |                |         |            |                   |         | 1 6     | 5     |                        | 222        |
|                   | ns 1 & 2)                                                                                                                                                  | land basi                                       | Par               |                    |        |               | 2 /            |         | . 50       |                   |         | (       |       |                        |            |
| XVIII. C          | GENERATORS EPA ID NO                                                                                                                                       | XX. GENE<br>DYNA                                |                   | JH'S               | AUL    | IKES          | S (Sti         | eet o   | r PO       | pox,              | city, s | tate, c | ( zib | cou                    | (e)        |
| XIX. GE           | ENERATOR NAME (specify)                                                                                                                                    | BLDG                                            | М                 | 7 -                | 5 (    | 5 5           | LE             | EFT     | A          | RE                | Α       |         |       |                        |            |
|                   |                                                                                                                                                            | K E N N<br>C A P E                              |                   |                    |        | A C           |                |         | N T<br>F L | E R               | . 28    | 1 5     |       |                        |            |
| XIX. W            | ASTE IDENTIFICATION                                                                                                                                        |                                                 |                   |                    |        |               |                |         |            |                   |         |         |       |                        |            |
| LINE              | A. DESCRIPTION OF                                                                                                                                          | WASTE                                           |                   | B. EPA<br>AZARDOUS | WASTE  |               |                | МЕТНОБ  |            | D. AMOUNT         |         |         |       | E. UNITS OF<br>MEASURE | :<br>:     |
| 1                 | Waste Combustible Liquid, N.O.S. (                                                                                                                         | Petroleum Naptha)                               | DΟ                |                    |        |               |                | 502     |            | П                 | ΙÏ      | 1       | 7 G   |                        | Т          |
|                   | NA1993 PGIII (ERG # 128)                                                                                                                                   |                                                 | سببس              |                    |        | 4 (           |                | П       | Ц          | П                 |         |         |       | П                      | $\prod$    |
| 2                 |                                                                                                                                                            |                                                 |                   |                    | H      |               | ╫              | ╁┼      | ╁╁         | ╁                 | ╁╁      |         |       | 廿                      |            |
| 3                 |                                                                                                                                                            |                                                 |                   |                    |        |               |                |         | П          | П                 |         |         |       | Д                      |            |
| 4                 |                                                                                                                                                            |                                                 |                   |                    |        |               | 11             | ++      | H          | $\dagger \dagger$ |         |         | 士     | 廿                      |            |
|                   | :                                                                                                                                                          |                                                 |                   |                    | П      |               |                | П       |            | П                 | П       |         |       | Д                      | Т          |
| 5                 |                                                                                                                                                            |                                                 |                   | -                  | Н      |               | ╂              | ╫       | ╁          | ╫                 | ╁       | H       |       | H                      | +          |
| 6                 |                                                                                                                                                            |                                                 |                   |                    |        |               | 11             |         | Ц          | $\prod$           |         | П       |       | П                      | I          |
| 7                 |                                                                                                                                                            |                                                 |                   |                    | Н      |               |                |         | 廿          | 廿                 |         |         |       |                        |            |
|                   |                                                                                                                                                            | ***************************************         |                   |                    |        |               | ╀              | ╀       | #          | ₩                 | ₩       |         |       | ₩                      | _          |
| 8                 |                                                                                                                                                            |                                                 |                   |                    |        |               |                | H       |            |                   | 廿       |         |       | 廿                      | $\pm$      |
| 9                 | :                                                                                                                                                          |                                                 |                   |                    | Ш      |               | П              | П       |            | $\prod$           |         | Ш       | -     | Щ                      | lacksquare |
| 1 0               | :<br>                                                                                                                                                      |                                                 | ╟                 |                    | ₩      |               | ╫              | ++      | ╁╁         | ##                | ++      | Н       |       | H                      | +          |
|                   |                                                                                                                                                            |                                                 |                   |                    |        |               |                | $\prod$ | П          | П                 | П       | Ш       |       | П                      | 1          |
| 11                |                                                                                                                                                            |                                                 | <b>H</b> -        |                    | ₩      |               | $oldsymbol{H}$ | ╫       | ╫          | ╫                 | ╫       | ╁╁┤     |       | ₩                      | ╁          |
| 1 2               |                                                                                                                                                            |                                                 |                   |                    | I      |               | Ц              | 丌       | #          | Ц                 | П       | Ш       | 1     | 耳                      | Ţ          |
| VV!! ^            | COMMENTS (onter information by 1                                                                                                                           | no number - see inc                             | L.                | one)               |        |               | $\sqcup$       |         |            |                   |         |         |       |                        |            |
| Waste<br>sole tra | COMMENTS (enter information by li<br>was shipped from the generator's loc<br>ansporter under U. S. EPA Transporte<br>parts washer solvents, and then shipp | ation to the Sanford fa<br>er ID # SCR 00007518 | acility<br>50. TI | witho              | ıste v | vas b         | ulked          | at the  | San        | ford fa           | acility |         |       |                        |            |
|                   | ng by distillation.                                                                                                                                        | 22.10 2.10 Ox. 51, 11001                        | . 20/11           |                    |        | ,             |                |         |            |                   | _,,,    |         |       |                        |            |
|                   |                                                                                                                                                            |                                                 |                   |                    |        |               |                |         |            |                   |         |         |       |                        |            |
|                   |                                                                                                                                                            |                                                 |                   |                    |        |               |                |         |            |                   |         |         |       |                        |            |

|                                                                                              | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                       | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                                           | PART B: FACILITY ANNUAL REPORT                                                  |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
|                                                                                              | PART C: UNMANIFESTED WASTE REPORT                                               |
|                                                                                              | THIS REPORT IS FOR A WASTE                                                      |
|                                                                                              | RECEIVED (day/mo/yr) 1 0 / 1 3 / 2 0 0 0                                        |
| II. INSTALLATION'S EPA ID NUMBER                                                             |                                                                                 |
| F L D 9 8 4 1 7 1 1 6 5                                                                      |                                                                                 |
| III. NAME OF INSTALLATION                                                                    |                                                                                 |
| SAFETY-KLEEN SYST                                                                            | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRESS                                                             |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                           | DRIVE                                                                           |
| SANFORD, FL 32771                                                                            |                                                                                 |
| V. LOCATION OF INSTALLATION                                                                  |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                           | DRIVE                                                                           |
| S A N F O R D , F L 3 2 7 7 1                                                                |                                                                                 |
|                                                                                              |                                                                                 |
| VI. INSTALLATION CONTACT  NAME (last and first)                                              | PHONE NO. (area code & no.)                                                     |
| KEITH MARCILLE                                                                               | 4 0 7 3 2 1 6 0 8 0                                                             |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                         | s only)                                                                         |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
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| WHI OOOT FOTHERTED FOR FACILITIES (For Bort B Only)                                          |                                                                                 |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE |                                                                                 |
| \$                                                                                           | \$ , , , , , , , , , , , , , , , , , , ,                                        |
| IX. CERTIFICATION                                                                            |                                                                                 |
|                                                                                              | amiliar with the information submitted in this and all attached documents       |
|                                                                                              | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant per                      | nalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                                      |                                                                                 |
| :                                                                                            |                                                                                 |
|                                                                                              |                                                                                 |
| A Print or Tuno Namo                                                                         | B. Signature C. Date Signed                                                     |
| A. Print or Type Name                                                                        | B. Signature C. Date Signed                                                     |

| USI<br>(item                | OFFICAL ONLY os 1 & 2) GENERAT         | 2. Recei                                      |                                                                | Pa                        | YPE OF RE  art B X XX. GENE DYNA | Pa<br>RA      | rt<br>TO   | С           |            |     |    |             | F             | Ŀ       | D   | 9 8      | 4         | 1 7   | 1     | 1         | 6 5   | _              | COI     | de       |
|-----------------------------|----------------------------------------|-----------------------------------------------|----------------------------------------------------------------|---------------------------|----------------------------------|---------------|------------|-------------|------------|-----|----|-------------|---------------|---------|-----|----------|-----------|-------|-------|-----------|-------|----------------|---------|----------|
|                             |                                        | R NAME (s                                     |                                                                |                           | B L D G<br>K E N N<br>C A P E    | ΕI            | ΟY         | •           | S          | P   | Α  | C E         | 3             | C       | E I | N T      |           | R     |       | 1         | 5     | 50 <b>5</b> 05 |         |          |
| LINE X                      | ASTE IDEI                              | A. DES                                        | CRIPTION OF                                                    |                           |                                  | B. EPA        | HAZARDOUS  | WASTE       | NUMBER     |     |    | C, HANDLING | METHOD        |         |     | Halloste | D. AMOUNI | WASTE |       |           |       | E. UNITS OF    | MEASURE |          |
| 1                           |                                        | mbustible L<br>PGIII (ER                      | iquid, N.O.S.<br>G # 128)                                      | m Naptha)                 |                                  |               |            |             | 0          |     |    | [8          | 0             | 2       | T   | П        |           | T     | H     | 1 (       | G     |                |         |          |
| 2                           | 1471330                                | T GIII (ETT                                   | :                                                              |                           | <u>,</u>                         |               |            |             |            |     |    |             | 1             | Ţ       |     | 1        | П         | 1     | 1     | П         | 7     | 1              | П       | _        |
| 3                           |                                        | <u> </u>                                      | :                                                              |                           |                                  |               |            |             |            |     |    |             | ‡             |         |     |          | Ħ         |       | ‡     | Π         | 1     | T              | П       |          |
| 4                           |                                        | <u></u>                                       |                                                                |                           |                                  |               |            |             |            |     |    |             | 1             | 1       |     | ‡        |           | _     | 1     |           | _     | _              |         |          |
| 5                           |                                        |                                               | :                                                              |                           |                                  | Н             |            |             |            |     |    |             | 1             | ‡       |     |          | ╣         |       |       |           | 1     |                |         | -        |
| 6                           |                                        | ······································        |                                                                |                           | _                                |               |            |             |            |     |    |             | _             | 1       | Н   | 1        | Н         |       | -     | Н         | 1     |                | Н       | L        |
| 7                           | ļ                                      |                                               |                                                                |                           |                                  |               |            |             |            |     |    |             | ╁             | ╀       |     | 1        |           |       | +     | Н         | $\pm$ | +              |         |          |
| 8                           |                                        | · · · · · · · · · · · · · · · · · · ·         |                                                                |                           |                                  |               |            |             |            |     |    |             | 1             |         |     | 4        |           |       |       |           | -     | -              |         |          |
|                             |                                        |                                               |                                                                |                           |                                  |               |            |             |            |     |    |             |               | 1       |     | 1        | T         |       |       | П         | 7     |                |         |          |
| 9                           |                                        |                                               | :<br>:<br>:                                                    |                           |                                  |               |            |             |            |     |    |             | 1             |         |     |          | #         |       | 1     |           |       |                |         |          |
| 1 0                         | )                                      |                                               |                                                                |                           |                                  | L             |            |             |            |     |    |             | 1             | 1       |     |          | +         |       | +     |           |       | 1              |         |          |
| 1 1                         |                                        |                                               |                                                                |                           |                                  |               |            |             |            | +   |    |             |               | +       |     |          | _         | Н     | 1     | H         |       |                |         | L        |
| 1 2                         |                                        | <u>, , , , , , , , , , , , , , , , , , , </u> |                                                                |                           |                                  | L             |            |             |            |     |    |             | $\frac{1}{1}$ | $ar{1}$ |     |          |           | H     | _     | $\prod$   | 4     | +              | +       | <b> </b> |
| Vaste<br>ole tra<br>other p | was shipp<br>ansporter i<br>parts wash | ed from the<br>under U.S.<br>er solvents,     | formation by<br>generator's le<br>EPA Transpo<br>and then ship | ocation to<br>rter ID # S | the Sanford<br>CR 0000751        | facili<br>50. | ty v<br>Th | vith<br>e w | out<br>ast | e w | as | bull        | ked           | at f    | he  | San      | ford      | fac   | ility | with<br>r | )     |                |         |          |
| ∍cycli                      | ng by distî                            | llation.                                      |                                                                |                           |                                  |               |            |             |            |     |    |             |               |         |     |          |           |       |       |           |       |                |         |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PART B: FACILITY ANNUAL REPORT                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PART C: UNMANIFESTED WASTE REPORT                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS REPORT IS FOR A WASTE  RECEIVED (day/mo/yr)                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECEIVED (day/mo/yr) 1 1 1 / 0 9 / 2 0 0 0                                       |
| II. INSTALLATION'S EPA ID NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| III. NAME OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | IEMISI. INC.                                                                     |
| SAFETY - KLEEN SYST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |
| 600 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVE                                                                            |
| SANFORD, FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| 6 0 0 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DRIVE                                                                            |
| SANFORD, FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
| VI. INSTALLATION CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PHONE NO. (area code & no.)                                                      |
| NAME (last and first)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 0 7 3 2 1 6 0 8 0                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
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| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| IX. CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | familiar with the information submitted in this and all attached documents       |
| and that based on the inquiry of those individuals immediately respons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | enalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| A Print or Type Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B. Signature C. Date Signed                                                      |
| A. Print or Type Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jightana                                                                         |

|                              |                                                          | 4.5                                                                                     | ate Rece               | ived               |               |          | FACILI   | TY RI            | EPC         | RT          | - P.          | AR          | TS     | В   | & Č   |             |        |       |         |      |           |               |      |           |                    | -           |     |
|------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|--------------------|---------------|----------|----------|------------------|-------------|-------------|---------------|-------------|--------|-----|-------|-------------|--------|-------|---------|------|-----------|---------------|------|-----------|--------------------|-------------|-----|
|                              | OFFICAL<br>E ONLY                                        |                                                                                         |                        | 19                 | Ц             | χνι τ    | YPE O    | F REI            | POF         | RT (        | ente          | er a        | an Z   | X)  |       |             |        |       |         | IES  |           |               |      |           | Г                  |             |     |
| (item                        | ıs 1 & 2)                                                |                                                                                         | ·····                  |                    |               | Pí       |          | ×                | •           |             |               |             |        |     |       | Deces       |        |       |         |      |           |               |      |           | 3                  |             |     |
| XVIII. G                     | GENERAT                                                  |                                                                                         | PA ID NO<br>0 0 1      |                    | 5             |          |          | GENE<br>N A      |             |             | R'S           | ΑĒ          | DDF    | RES | SS (: | stre        | eet    | or F  | 1 O     | oox, | cit       | y, s1         | tate | , &       | zıp                | COC         | 1e) |
| XIX. GE                      | NERATO                                                   |                                                                                         |                        |                    |               |          |          | D G              |             |             | 7 -           | 5           | 0      | 5   | L     | E           | F      | Т     | A       | R    | ΕA        |               |      |           |                    |             |     |
| *******                      |                                                          |                                                                                         | `                      | 2090906            | 209209        | ,0000000 |          | N N              |             |             |               |             |        |     | СЕ    |             |        |       |         |      |           | . 0           | 1    | 5         |                    |             |     |
| XIX. W/                      | ASTE IDEI                                                | NTIFIC/                                                                                 | ATION                  |                    |               |          | C A      | PE               |             |             | N             | A           | v<br>M | E M | R A   |             | ,      | ,<br> |         |      | <i>3</i>  |               |      | ر<br>الله |                    |             |     |
| LINE                         |                                                          | A. DESCRIPTION OF WASTE  A. DESCRIPTION OF WASTE  BY A BY A BY A BY A BY A BY A BY A BY |                        |                    |               |          |          |                  |             |             |               |             |        |     |       | C. HANDLING | METHOD |       |         | E C  | D. AMOUNI | WASTE         |      |           |                    | E. UNITS OF | 1   |
| 1                            | Waste Co                                                 | mbustil                                                                                 | ble Liquid             | m Napt             | ha)           | D        | 0 (      | ) 1              | D           | 0           | 3             | 9           | s      | 0   | 2     | Ţ           | Ц      |       | $\prod$ |      | 1 6       | G             |      | Ţ         |                    |             |     |
| 2                            | NA1993                                                   | PGIII                                                                                   | (ERG # 1               | *******            |               | 민        | 익        | 1 8              | 3 D         | 0           | 4             | 0           | ╇      | H   | +     | +           | H      | ╅     | H       | H    | ╁         | Н             | ╁    | ╁         |                    |             |     |
|                              |                                                          |                                                                                         |                        |                    |               |          |          |                  |             |             |               | İ           |        |     | 1     | Ţ           | П      |       | t       | Ħ    |           | Ï             |      | 1         |                    |             | 1   |
| 3                            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                  |                                                                                         | · ·                    | :                  |               |          |          |                  |             |             |               |             |        |     |       |             |        |       |         | Н    | -         | $\frac{1}{1}$ | Н    | 1         | Н                  |             | 1   |
| 4                            |                                                          |                                                                                         |                        |                    |               |          |          |                  |             |             |               |             |        |     |       |             |        |       |         |      |           | $\perp$       |      |           |                    |             |     |
| 5                            |                                                          | ,                                                                                       |                        |                    |               |          |          |                  |             |             |               |             |        |     |       |             |        |       |         |      |           |               |      | 1         | $oldsymbol{\perp}$ |             | 1   |
| 6                            |                                                          |                                                                                         |                        |                    |               |          |          | •                |             |             |               |             |        |     |       |             |        |       |         |      |           |               |      |           |                    |             | +   |
| 7                            |                                                          |                                                                                         |                        |                    |               |          |          |                  |             |             |               |             |        |     |       |             | H      |       |         |      |           |               |      |           |                    | Н           |     |
| 8                            |                                                          | ••••                                                                                    |                        |                    |               |          |          |                  |             |             |               |             |        |     |       |             |        |       |         |      |           |               |      |           |                    |             |     |
| 9                            |                                                          |                                                                                         | a.a.                   |                    | - 5.46        |          |          |                  |             |             |               |             |        |     |       |             |        |       |         |      |           |               |      | -         |                    | Н           | 1   |
| 10                           |                                                          | <u> </u>                                                                                |                        |                    | •             |          |          |                  |             |             |               | I           |        |     |       | -           | -      |       | _       | ╁    | H         | ╁             | H    |           | ╁                  | H           | _   |
| 11                           |                                                          |                                                                                         |                        |                    |               |          |          |                  | L           |             |               |             |        |     |       | 1           | Ŧ      |       | 1       |      |           | I             |      |           | -                  | П           | 7   |
| 1 2                          | 2                                                        |                                                                                         | ······ <u>·</u> ·      |                    |               |          |          |                  | L           |             |               | ļ           |        |     |       | 1           | -      |       | 1       | +    |           | -             | Н    |           |                    | H           |     |
| XXII. C                      | OMMENT                                                   | S (ente                                                                                 | er inform              | ation b            | y lin         | e numi   | ber - se | e ins            | tru         | tio         | ns)           | -           |        |     |       |             |        |       |         |      |           |               |      |           |                    |             |     |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter u<br>parts washi<br>ing by distil | ed from<br>Inder U<br>er solve                                                          | n the gen<br>J. S. EPA | erator's<br>Transp | loca<br>orter | tion to  | the San  | ford f<br>1075 f | acil<br>50. | ity v<br>Th | vitho<br>e wa | out<br>aste | e w    | as  | bulk  | ed          | at t   | he S  | Sant    | ford | fac       | lity '        | with |           |                    |             |     |

|                              |                          | <u></u> ;                                                                     |                                   |                            |             |             |             |            |      |     | · ·         |        |           |            | ,     |       |       |       |           |             |                   |      | ,        |
|------------------------------|--------------------------|-------------------------------------------------------------------------------|-----------------------------------|----------------------------|-------------|-------------|-------------|------------|------|-----|-------------|--------|-----------|------------|-------|-------|-------|-------|-----------|-------------|-------------------|------|----------|
|                              |                          | No. of 1                                                                      |                                   | FACILITY R                 | ÉPC         | RT          | - P         | ΆF         | TS   | В   | & C         |        |           |            |       |       |       |       |           |             |                   | -    |          |
| -                            | OFFICAL                  | 1. Date Received                                                              | XVI T                             | YPE OF RE                  | POF         | ₹T (        | ent         | er a       | an 2 | X)  |             |        |           | ACI<br>D 9 |       |       |       |       |           |             |                   |      |          |
| (item                        | EONLY<br>is 1 & 2)       | 2. Received By                                                                | ☐ Pa                              | <u> </u>                   | P           |             |             |            |      |     |             |        |           |            |       |       |       |       |           |             | <del></del>       |      |          |
| XVIII. C                     | SENERAT                  | ORS EPA ID NO.                                                                | 15                                | XX. GENE                   |             | -           | R'S         | Αľ         | ODF  | RES | 3S (        | str    | eet       | or P       | O b   | OX,   | city  | , st  | ite,      | & Z         | ір с              | :000 | 켈        |
| VIV. CE                      |                          | R NAME (specify)                                                              | 121                               | BLDG                       |             |             | 7 -         | 5          | . 0  | 5   | L           | . E    | F         | Т          | Α     | RI    | ΞА    |       |           |             |                   |      |          |
| XIX. GE                      | NERATO                   | H NAME (Specify)                                                              |                                   | KENN                       |             |             |             |            |      |     |             |        |           | E N        |       |       |       |       |           |             |                   |      |          |
|                              |                          |                                                                               |                                   | CAPE                       |             | C A         | N           | A          | V    | E   | R A         | L      | ,<br>2002 | F          | L     |       | 3 2   | 8     | 1 5       |             |                   |      |          |
| LINE XX<br>NUMBER &          | ASTE IDEI                | A. DESCRIPTION                                                                |                                   |                            | B FDA       | HAZARDOUS   | WASTE       | NUMBER     |      |     | C. HANDLING | METHOD |           |            | TNICE | OF OF | WASTE |       |           | E. UNITS OF | MEASURE           |      |          |
| 1                            | i                        | embustible Liquid, N.O.                                                       | . ,                               | D                          |             |             |             | 0          |      |     | S           | O      | 2         |            | П     |       | Ц     | 1     | 6         | G           |                   |      |          |
|                              | NA1993                   | PGIII (ERG # 128)                                                             |                                   |                            | D           | 익           | 1   8       | 3 C        | 0    | 4   | 0           | ╀      | +         | _          | ╀     | H     |       | H     | +         | -           | H                 | ╁    | ╁        |
| 2                            |                          |                                                                               |                                   |                            | H           | -           |             | ╁          |      | -   | _           | ╅      | ╁         | ╁          | ╁     | H     | 十     | Н     | †         | ┢           | H                 |      | ┢        |
| 3                            |                          |                                                                               |                                   |                            |             |             |             |            |      |     |             |        |           |            |       |       |       |       |           |             | $\prod_{i=1}^{n}$ |      |          |
| 4                            |                          |                                                                               |                                   |                            |             |             |             |            |      |     |             |        |           |            |       |       |       |       |           |             |                   |      |          |
| 5                            |                          |                                                                               |                                   |                            |             |             |             | ļ          |      |     |             |        | _         |            |       |       |       | Н     |           |             | Н                 |      | <u> </u> |
| 6                            |                          |                                                                               |                                   | ···                        | H           |             |             | ł          |      |     |             |        | +         |            |       |       |       | П     |           | -           | H                 | 1    | t        |
| 7                            |                          |                                                                               |                                   |                            | L           |             |             |            |      |     |             | +      | ‡         |            | +     | Н     | 1     |       | 1         | <u> </u>    | H                 | 1    | ļ        |
| 8                            |                          |                                                                               |                                   | <u>.</u>                   | L           |             |             |            |      |     |             | 1      | 1         |            | 1     |       |       | Н     | 1         | _           |                   |      | +        |
| 9                            |                          |                                                                               |                                   |                            | L           |             |             | -          |      | -   |             | +      | ╁         | ╂          | ╁     | Н     | +     | Н     | $\dagger$ | ╁           | H                 | +    | ╁        |
| 1 0                          |                          |                                                                               |                                   | <u> </u>                   |             |             |             |            |      |     |             | ‡      | Ţ         |            | 1     | П     |       |       |           |             | H                 | 7    | Ŧ        |
| 11                           |                          |                                                                               |                                   |                            | L           |             |             |            |      |     |             |        | 1         | H          | 1     |       | 1     |       | 1         | 1           |                   |      | ļ        |
| 1 2                          | :                        |                                                                               | ,                                 |                            | Ĺ           | -           |             |            |      |     |             |        |           |            |       |       |       | H     |           | +           | Ħ                 | +    | ‡        |
| XXII. C                      | OMMENT                   | S (enter information t                                                        | y line numb                       | er - see ins               | truc        | tio         | ns)         |            |      |     |             |        |           |            |       |       |       |       |           |             |                   |      |          |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter ι | ed from the generator's<br>under U. S. EPA Transp<br>er solvents, and then sl | s location to to<br>orter ID # S0 | he Sanford f<br>CR 0000751 | acil<br>50. | ity v<br>Th | vith<br>e w | out<br>ast | e w  | as  | bulk        | ced    | at t      | he S       | Sanf  | ord   | facil | ity v | vith      |             |                   |      |          |

|                                                                        | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                 | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                        | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                     | PART B: FACILITY ANNUAL REPORT                                                   |
|                                                                        | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
|                                                                        | PART C: UNMANIFESTED WASTE REPORT                                                |
|                                                                        | THIS REPORT IS FOR A WASTE                                                       |
| <u></u>                                                                | RECEIVED (day/mo/yr) 1 2 / 0 7 / 2 0 0 0                                         |
| II. INSTALLATION'S EPA ID NUMBER                                       |                                                                                  |
| F L D 9 8 4 1 7 1 1 6 5                                                |                                                                                  |
| III. NAME OF INSTALLATION                                              |                                                                                  |
| SAFETY-KLEEN SYST                                                      | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                       |                                                                                  |
| 600 CENTRAL: PARK                                                      | DRIVE                                                                            |
| SANFORD, FL:32771                                                      |                                                                                  |
| V. LOCATION OF INSTALLATION                                            |                                                                                  |
| 600 CENTRAL PARK                                                       | DRIVE                                                                            |
| S A N F O R D , F L 3 2 7 7 1                                          |                                                                                  |
|                                                                        |                                                                                  |
| VI. INSTALLATION CONTACT  NAME (last and first)                        | PHONE NO. (area code & no.)                                                      |
|                                                                        | 407 321 6080                                                                     |
|                                                                        |                                                                                  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                   | is only)                                                                         |
|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                  |                                                                                  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                  |                                                                                  |
| \$     ,     ,     .                                                   | \$ , , , , , , , , , , , , , , , , , , ,                                         |
| IX. 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 the inquiry of those individuals immediately respon- | sible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pe | enalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                |                                                                                  |
|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
| A. Print or Type Name                                                  | B. Signature C. Date Signed                                                      |
|                                                                        | -                                                                                |

|                                                                                                    | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                             | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                                                    | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                                                 | PART B: FACILITY ANNUAL REPORT                                                  |
|                                                                                                    | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
|                                                                                                    | PART C: UNMANIFESTED WASTE REPORT                                               |
|                                                                                                    | THIS REPORT IS FOR A WASTE  RECEIVED (day/mo/yr)                                |
| II. INSTALLATION'S EPA ID NUMBER                                                                   | RECEIVED (day/mo/yr) 0 1 / 0 3 / 2 0 0 1                                        |
| F L D 9 8 4 1 7 1 1 6 5                                                                            |                                                                                 |
| III. NAME OF INSTALLATION                                                                          |                                                                                 |
| SAFETY-KLEEN SYST                                                                                  | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRESS                                                                   |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                                 | DRIVE                                                                           |
| SANFORD, FL 32771                                                                                  |                                                                                 |
| V. LOCATION OF INSTALLATION                                                                        |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                                 | DRIVE                                                                           |
| SANFORD, FL 32771                                                                                  |                                                                                 |
| VI. INSTALLATION CONTACT                                                                           |                                                                                 |
| NAME (last and first)                                                                              | PHONE NO. (area code & no.)  4 0 7 3 2 1 6 0 8 0                                |
|                                                                                                    |                                                                                 |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                              | s only)                                                                         |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
| <u> </u>                                                                                           |                                                                                 |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                              |                                                                                 |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                              |                                                                                 |
| \$ , , , , , , , , , , , , , , , , , , ,                                                           |                                                                                 |
| IX. CERTIFICATION                                                                                  |                                                                                 |
|                                                                                                    | amiliar with the information submitted in this and all attached documents       |
|                                                                                                    | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pen<br>fines and imprisonment. | alties for submitting raise information, including the possibility of           |
| lines and impressment.                                                                             |                                                                                 |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
| A. Print or Type Name                                                                              | B. Signature C. Date Signed                                                     |

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|---------------------|---------------------------------------|--------------------------------------------------------------------------------------------|-------------|------------------|-----------------------|-----------|------|-----------|-------------|----------|--------|------------|------------|------------|---------|---------|------------------|---------------|------|-----------|
|                     |                                       |                                                                                            | F.          | ACILITY R        | EPO                   | RT ·      | PAI  | RTS       | B 8         | k C      |        |            | ••••       |            |         |         |                  |               | -35  |           |
|                     | OFFICAL<br>E ONLY                     | 1. Date Received  - 1 9  2. Received By                                                    | XVI TY      | PE OF RE         | POR                   | Т (е      | nter | an i      | X)          |          |        |            |            |            | EPA I   |         |                  | <u> </u>      |      |           |
| (item               | ns 1 & 2)                             |                                                                                            | Par         | <u> </u>         | Pa                    |           |      |           |             | <u> </u> |        |            |            |            |         |         |                  | •             |      | _         |
| XVIII. C            | 77.57                                 | ORS EPA ID NO. 6 8 0 0 0 1 4 5 8 5                                                         |             | XX. GENI<br>DYNA |                       |           | 'S A | DDI       | RES         | S (s     | treet  | or F       | O b        | ox, c      | city, s | state   | , & 2            | zip (         | :0d6 | 끡         |
| VIV CE              |                                       | NAME (specify)                                                                             |             | BLDG             |                       | ,<br>И. 7 |      | 5 D       | 5           | ī.       | ЕF     | Т          | Α          | R E        | A       |         |                  |               |      |           |
| AIA. GE             | NERATOR                               | NAME (specify)                                                                             |             | KENN             | E                     | Y (       | S    | P         | Α (         | СЕ       | C      | E N        | ΙΤ         | E R        |         |         | <i>-</i>         |               |      |           |
| XIX. W              | ASTE IDEN                             | TIFICATION                                                                                 |             | CAPE             |                       | A         | N A  | \ V       | E I         | K A      | L,     | 1          |            | c<br>Marie | 2 0     |         | )<br><b>(201</b> |               |      |           |
| LINE                |                                       | A. DESCRIPTION OF                                                                          |             |                  | C. HANDLING<br>METHOD |           |      | D. AMOUNT | OF<br>WASTE |          |        | AC STINIT  | MEASURE    | 1          |         |         |                  |               |      |           |
| 1                   | Waste Con                             | nbustible Liquid, N.O.S.                                                                   | (Petroleum  | Naptha)          | D                     | 0 0       |      | 0 (       |             |          | sc     | 2          | $\prod$    |            | П       | П       | 17               | G             | I    |           |
|                     | NA1993 F                              | PGIII (ERG # 128)                                                                          |             |                  | D                     | 0 1       | 8    | 0 0       | 4           | 0        | ₩.     | <b>↓</b> ↓ | lacksquare | 4          |         | ₩       | +                | ₽             | _    | Щ         |
| 2                   |                                       |                                                                                            |             |                  | H                     |           |      |           |             |          | Н      | H          | Н          |            | 廿       | 廿       | _                | Н             | 土    |           |
| 3                   |                                       |                                                                                            |             | ·                |                       |           |      |           |             |          |        |            |            |            |         | $\prod$ |                  |               |      |           |
| 4                   |                                       |                                                                                            |             |                  |                       |           |      |           |             |          |        |            |            |            |         | $\prod$ |                  |               |      |           |
| 5                   |                                       |                                                                                            |             |                  |                       |           |      |           |             |          |        |            | T          |            |         | $\prod$ | +                | $\prod$       |      | $oxed{H}$ |
| 6                   |                                       |                                                                                            |             |                  | H                     |           |      |           |             |          |        | П          |            |            |         | $\prod$ | +                | П             | -    |           |
| 7                   | · · · · · · · · · · · · · · · · · · · |                                                                                            | •           |                  |                       |           |      |           |             |          | П      |            | Ţ.         |            |         | Н       |                  | П             |      |           |
| 8                   |                                       |                                                                                            |             |                  |                       |           |      |           |             |          |        |            | T          |            |         |         | Ţ                |               |      |           |
| 9                   |                                       |                                                                                            |             | •                |                       |           |      |           |             |          |        |            |            |            | H       | $\prod$ |                  | H             |      |           |
| 1 0                 |                                       |                                                                                            |             | ·····            |                       |           |      |           |             |          | Н      |            |            |            |         | $\prod$ |                  | $\Box$        |      |           |
| 11                  |                                       |                                                                                            | * *         |                  |                       | 12. A.S.  |      |           |             |          |        |            |            |            |         |         | +                | ${\mathbb H}$ | 7    |           |
| 1 2                 |                                       |                                                                                            | •           |                  |                       |           |      |           |             |          |        |            | -          | П          |         | $\prod$ | +                | Ħ             | +    |           |
|                     |                                       | (enter information by I                                                                    |             |                  |                       |           |      |           |             |          |        |            |            |            |         |         |                  |               |      |           |
| sole tra<br>other p | ansporter un                          | d from the generator's loo<br>der U.S. EPA Transport<br>solvents, and then shipp<br>ation. | er ID # SCI | R 0000751        | 50.                   | The       | wast | e w       | as b        | oulke    | d at   | the S      | anfo       | ord fa     | acility | with    |                  |               |      |           |
|                     |                                       |                                                                                            |             |                  |                       | ٠         |      |           |             |          |        |            |            |            |         |         |                  |               |      |           |
|                     |                                       |                                                                                            |             |                  |                       |           |      |           |             |          |        |            |            |            |         |         |                  |               |      |           |

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| HAZARDOUS WASTE REPORT  PART A: GENERATOR ANNUAL REPORT  THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0  PART B: FACILITY ANNUAL REPORT  THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0  PART C: UNMANIFESTED WASTE REPORT | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |
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| Use this form as a cover for all required reports.  PART B: FACILITY ANNUAL REPORT  THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0  PART C: UNMANIFESTED WASTE REPORT                                                    | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}$ |  |  |  |  |  |  |  |  |  |  |
| THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0 PART C: UNMANIFESTED WASTE REPORT                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| PART C: UNMANIFESTED WASTE REPORT                                                                                                                                                                                      | <del>_</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        | 丄                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| THIS REPORT IS FOR A WASTE                                                                                                                                                                                             | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |
| RECEIVED (day/mo/yr) 0 2 / 0 1 / 2 0 (                                                                                                                                                                                 | ບ  1<br>2888288                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| .  INSTALLATION'S EPAID NOMBER  <br>  F   L   D   9   8   4   1   7   1   1   6   5                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION SAFETY-KLEEN SYSTEMS, INC.                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        | 23333                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| 6 0 0 CENTRAL PARK DRIVE                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK DRIVE                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| NAME (last and first) PHONE NO. (area code & no.)                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| KEITH MARCILLE 407 321 608                                                                                                                                                                                             | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
| K E I T H M A R C I L L E 4 0 7 3 2 1 6 0 8  VII. TRANSPORTATION SERVICES USED (for Part A reports only)                                                                                                               | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                        | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                        | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                        | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
| VIII. TRANSPORTATION SERVICES USED (for Part A reports only)  VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE                                                             | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                                                                                                  | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$ , , , , , , , , , , , , , , , , , ,                                                                                   | 3 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$ , , , , , , , , , , , , , , , , , ,                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$ , , , , , , , , , , , , , , , , , ,                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$   ,   ,   ,   ,   ,   ,   ,   ,   ,                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$ , , , , , , , , , , , , , , , , , ,                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$   ,   ,   ,   ,   ,   ,   ,   ,   ,                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE    \$                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |

Transfer of

|                                                                                            | FACILITY F                                                                                                                                                         |                             |                             | C                     |                                     |                        |  |  |  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------|-------------------------------------|------------------------|--|--|--|
|                                                                                            | OFFICAL   - 19   XVI TYPE OF RE                                                                                                                                    | PORT (ent                   | ter an X)                   |                       | ITIES EPA ID NO.<br>8 4 1 7 1 1 6 5 |                        |  |  |  |
| (item                                                                                      |                                                                                                                                                                    | Part C                      | .,                          |                       |                                     |                        |  |  |  |
| VIII. GENERATORS EPA ID NO. : XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zi |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| XIX GE                                                                                     | NERATOR NAME (specify)                                                                                                                                             |                             | 5 0 5                       | LEFT .                | AREA                                |                        |  |  |  |
|                                                                                            | KENN                                                                                                                                                               |                             |                             | E CEN                 |                                     |                        |  |  |  |
| XIX. W                                                                                     | C A P E                                                                                                                                                            | CAN                         | AVER                        | AL, F                 | L 32815                             |                        |  |  |  |
| LINE                                                                                       | A. DESCRIPTION OF WASTE                                                                                                                                            |                             | WASTE<br>NUMBER             | C. HANDLING<br>METHOD | D. AMOUNT<br>OF<br>WASTE            | E. UNITS OF<br>MEASURE |  |  |  |
| 1                                                                                          | Waste Combustible Liquid, N.O.S. (Petroleum Naptha)                                                                                                                | DOO                         | 1 D 0 3 9                   | S O 2                 | 1                                   | 7 G                    |  |  |  |
| 2                                                                                          | NA1993 PGIII (ERG # 128)                                                                                                                                           | D 0 1 8                     | BD040                       |                       | ┼┼┼┼┼                               | ╁╁╁┼                   |  |  |  |
| 2                                                                                          |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 3                                                                                          |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 4                                                                                          |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 5                                                                                          |                                                                                                                                                                    |                             |                             |                       | ┸                                   |                        |  |  |  |
| 6                                                                                          |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 7                                                                                          |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 8                                                                                          |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 9                                                                                          |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 1 0                                                                                        |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 1 1                                                                                        |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| 1 2                                                                                        |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |
| Waste<br>sole tra                                                                          | COMMENTS (enter information by line number - see in was shipped from the generator's location to the Sanford ansporter under U. S. EPA Transporter ID # SCR 000075 | facility with<br>150. The w | out a manife<br>aste was bu | ilked at the Sa       | inford facility with                |                        |  |  |  |
|                                                                                            | parts washer solvents, and then shipped to the Safety-Kleeing by distillation.                                                                                     | en Lexingto                 | n Recycle C                 | enter (in Lexir       | ngton, SC) for                      |                        |  |  |  |
|                                                                                            |                                                                                                                                                                    |                             |                             |                       |                                     |                        |  |  |  |

|                                                                                              | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                       | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                                           | PART B: FACILITY ANNUAL REPORT                                                  |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
|                                                                                              | PART C: UNMANIFESTED WASTE REPORT                                               |
|                                                                                              | THIS REPORT IS FOR A WASTE                                                      |
| III. INSTALLATION'S EPA ID NUMBER                                                            | RECEIVED (day/mo/yr) 0 2 / 2 7 / 2 0 0 1                                        |
| F L D 9 8 4 1 7 1 1 6 5                                                                      |                                                                                 |
|                                                                                              |                                                                                 |
| III. NAME OF INSTALLATION  SAFETY - KLEEN SYST                                               | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRESS                                                             |                                                                                 |
|                                                                                              |                                                                                 |
| 6 0 0 C E N T R A L P A R K                                                                  | DRIVE                                                                           |
| S A N F O R D , F L 3 2 7 7 1                                                                |                                                                                 |
| V. LOCATION OF INSTALLATION                                                                  |                                                                                 |
| 600 CENTRAL PARK                                                                             | DRIVE                                                                           |
| S A N F O R D , F L 3 2 7 7 1                                                                |                                                                                 |
| VI. INSTALLATION CONTACT                                                                     |                                                                                 |
| NAME (last and first)                                                                        | PHONE NO. (area code & no.)                                                     |
| KEITH MARCILLE                                                                               | 4 0 7 3 2 1 6 0 8 0                                                             |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                         | s only)                                                                         |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
| VIII COOT FOTIMATED FOR FACILITIES (For Port P Only)                                         |                                                                                 |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE |                                                                                 |
| \$    ,      ,                                                                               |                                                                                 |
| IX. CERTIFICATION                                                                            |                                                                                 |
|                                                                                              | amiliar with the information submitted in this and all attached documents       |
| • •                                                                                          | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant per                      | nalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                                      |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
| A. Print or Type Name                                                                        | B. Signature C. Date Signed                                                     |
|                                                                                              |                                                                                 |

To Page 16

| * * **         |               |                                         |                |                         |                                         |         |         |           |                                                   |      | 1          |                   |          |                         |          |        |       |       |          |          |                                              |    |
|----------------|---------------|-----------------------------------------|----------------|-------------------------|-----------------------------------------|---------|---------|-----------|---------------------------------------------------|------|------------|-------------------|----------|-------------------------|----------|--------|-------|-------|----------|----------|----------------------------------------------|----|
|                |               | · · · ·                                 | ************   | • • • • • • • • • • • • | FACILITY R                              | EPC     | ORT     | - P/      | \RT                                               | SB   | & C        |                   |          | القريدة                 |          |        |       |       |          |          |                                              |    |
|                |               | 1. Date Receiv                          | /ed            |                         |                                         |         | 4       |           |                                                   |      |            |                   |          |                         | ,        |        |       |       |          |          |                                              |    |
| FOR            | OFFICAL       | 1                                       | 9              | XVI T                   | YPE OF RE                               | POF     | ₹Т (    | ente      | r ar                                              | 1 X) | <b>M</b> _ |                   | . FA     |                         |          |        |       |       |          | -        |                                              |    |
| US             | E ONLY        | 2. Received B                           | y <sub>:</sub> | g                       |                                         |         |         |           |                                                   |      | 1          | F                 | ΓD       | 9                       | 8 4      | 1      | 7 1   | 1 6   | 3 5      | į        |                                              |    |
| (item          | ns 1 & 2)     |                                         |                | Pi                      | art B X                                 | P       | art (   | ;         |                                                   |      | ł          |                   |          |                         |          |        |       |       |          |          |                                              |    |
| XVIII. (       | GENERAT       | ORS EPA ID NO.                          |                |                         | XX. GEN                                 | ERA     | TOI     | ₹'S /     | ٩DI                                               | DRE  | SS (       | stre              | et o     | r PO                    | box      | (, ci  | ly, s | tate  | , & :    | zip (    | ode                                          | ∍) |
|                | FL            |                                         | 5 8 5          |                         | DYNA                                    | C :     | S       |           |                                                   |      |            |                   |          |                         | ••••     |        |       |       |          |          |                                              |    |
| XIX. GE        | NERATO        | R NAME (specify)                        |                |                         | BLDG                                    |         | м 7     | _         | 5                                                 | 0 5  | L          | E                 | FТ       |                         | A R      | E A    | 4     |       |          |          |                                              |    |
| 71.71. 0.1     |               | (,)                                     | 5000000000     |                         | KENN                                    |         | DΥ      |           | S I                                               | • A  | C E        | Ļ                 | СЕ       | N '                     | ΓЕ       | R      |       |       |          |          |                                              |    |
|                |               |                                         |                |                         | CAPE                                    |         | C A     | N         | A٦                                                | V E  | R A        | L                 | ,        | F                       | Ĺ        | 3      | 2 8   | 1 :   | 5        |          |                                              |    |
| XIX. W         | ASTE IDE      | NTIFICATION                             |                |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |
| ~              |               |                                         |                |                         |                                         | Γ       |         | HAZARDOUS |                                                   | _    | Т          | HANDLING          | <u> </u> | Γ                       |          | 둘      |       |       |          | O.F      | MEASURE                                      |    |
| LINE<br>NUMBER |               | A. DESCRIPT                             | ON OF V        | WASTE                   |                                         |         | EPA     | 일         | ֡֞֟֟֝֟֟֝֟֟֝֟֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟<br>֓֟֓֞֟֟֓֞֓֓֞֟֓֞ | į    | 1          | 글                 | ᅙ        |                         |          | AMOUNT | STE   |       |          | SE       | : 5                                          |    |
|                |               | A. DESCRIPTI                            | E              | IAGIL                   |                                         |         | mi<br>— | 3         | <b>∀</b>                                          |      | 1          | ¥!                |          |                         |          | ¥ (    | , ₹   |       |          | <u>=</u> | ğ                                            |    |
|                |               |                                         |                |                         |                                         | L       |         | _         |                                                   |      |            | Ç                 |          | <u> </u>                |          | ٥      |       |       |          | -        | <u>;                                    </u> |    |
| 1              | Waste Co      | mbustible Liquid,                       | N.O.S. (I      | Petroleu                | m Naptha)                               | 3000    |         |           |                                                   | 0 3  |            | S                 | 02       | Ц                       | 4        | Ц      | Щ     |       | 1 7      | G        | _                                            | L  |
|                | NA1993        | PGIII (ERG # 12                         | 8)             |                         | ****                                    | D       | 0 1     | 8         | D                                                 | 0 4  | 0          |                   | 4        | Ц                       | ╇        | Ц      | Щ     | Ц.    | <b>_</b> | Ц        | 1                                            | Ļ  |
| 2              |               |                                         | :              |                         |                                         | Ш       |         |           | Щ                                                 |      |            | Ц                 |          | Щ                       | ╇        | Ц      | Ш     | Ц     | 1        | Ц        | ╄                                            | L  |
|                |               | · · · · · · · · · · · · · · · · · · ·   |                |                         |                                         | Ц       |         |           | Ш                                                 |      | Щ          | Ц                 | 4        | Ц                       | <u>.</u> | Ц      | _     | oxdot | 4        | Щ        |                                              | _  |
| 3              |               |                                         | :              |                         |                                         | Ш       |         |           | Ц                                                 |      | Щ          |                   |          | Ц                       | _        | Щ      |       | Ц     | _        | Ц        | 퇶                                            | L  |
|                |               |                                         | :              |                         | <u>**</u> **********                    | Ц       | _       |           |                                                   |      |            | Ц                 |          | Ц                       | 4        | Щ      | 4     | Ц     | 4        | Ц        | 1                                            | Ļ  |
| 4              |               |                                         |                |                         |                                         | Щ       | سلمت    |           |                                                   |      | Ц.         | Щ                 |          | $oldsymbol{\downarrow}$ | 4        | ₩.     |       | Щ     | _        | Н        | _                                            | Ļ  |
|                |               |                                         | ·              |                         |                                         | Ш       |         |           | Ц                                                 |      | Ц.         | $\bot$            | <u> </u> | 11                      | ╀        | H      | ╀     | Н     | 4        | H        | _                                            | _  |
| 5              |               |                                         |                |                         |                                         |         |         |           |                                                   |      |            | Щ                 | Ц.       | ₩                       | 4        | ₩      |       | 4     | 4        | ₩        |                                              |    |
| _              |               |                                         |                | ********                | ~                                       | H       | -       |           | 4                                                 | +    |            | ╀                 | 4        | ₩                       | - -      | ╀      | -     | ╟╫    | ╀        | H        | ╁                                            | Ł  |
| 6              |               |                                         | i              |                         |                                         | <b></b> | _       | -         |                                                   | -    | ₩.         | Н                 | 4        | ╀                       |          | ╀      | -     | -     | ┿        | ₩        | -                                            | ┡  |
|                | <u> </u>      |                                         |                |                         |                                         | H       |         | -         | H                                                 | -    | -          | ╁┤                | ┝╋       | ╀                       | ╬        | H      | ┿     | ₩     | ╄        | ╂┼       | ╁                                            | ┝  |
| 7              |               |                                         | :              |                         |                                         | H       | -       |           | -                                                 | _    | ┥          | ╁┥                | ╀        | ┿                       | _        | ₩      | ╁     | ₽     | ╬        | ╁┼       | -                                            | -  |
|                |               |                                         |                |                         |                                         | H       |         |           | -                                                 | -    |            | ₩                 | ₩        | ╀                       |          | ₩      | ╬     | H     | ╇        | ₩        | _                                            | -  |
| 8              |               |                                         | :              |                         |                                         | H       |         | -         | ₩                                                 |      | -          | ┿┥                | ⊢-       | ╁┼                      | ┿        | ₩      | +     | ₩     | +        | -        | ╁                                            | ┝  |
|                |               |                                         | :              |                         | ***********                             | ₩       |         |           | H                                                 | _    | ╟          | ╫                 | -        | ╁┪                      | ╅        | Н      | ╁     | H     | ╀        | ₩        | ╬                                            | ┝  |
| 9              |               |                                         | :              |                         |                                         | H       | -       | -         | -                                                 | -    | H          | ╫                 | ₩        | ₩                       | ╁        | ₩      | ╬     | ┝╋    | -        | ₩        | ┿                                            | ┢  |
| 1 0            |               | *************************************** | :              | .,                      | • • • • • • • • • • • • • • • • • • • • | H       |         | -         | +                                                 | +    |            | ╫                 | H        | ╫                       | +        | H      | ╁     | H     | 十        | H        | ╁                                            | t  |
| ' <sup>'</sup> |               |                                         | :              |                         |                                         |         |         | +         | H                                                 | +    | -          | ╫                 | ╫        | ╁╅                      | +        | ╁┼     | -     | H     | ╈        | H        | ┿                                            | F  |
| 11             |               |                                         |                |                         |                                         | H       | -       |           | H                                                 | -    | H          | ₩                 | H        | ╈                       | -        | H      | ╈     | H     | 十        | H        | +                                            | t  |
| l ''           |               |                                         | :              |                         |                                         |         | -       |           | H                                                 | ┿    |            | $\dagger \dagger$ | H        | Ħ                       | ╅        | H      | +     | ┢╈    | 十        | Ħ        | 十                                            | t  |
| 12             | 1             | ****                                    |                |                         | · · · · · · · · · · · · · · · · · · ·   |         |         | +         | +                                                 |      |            | +                 | ┢╋       | ╈                       | +        | #      | +     | H     | 十        | H        | +                                            | r  |
| ' *            |               |                                         | :              |                         |                                         | H       |         |           | H                                                 | +    | ┪          | Ħ                 | 十        | ╁                       | 十        | H      | +     | H     | 十        | 什        | $\dagger$                                    | t  |
| XXII C         | OMMENT        | S (enter informat                       | ion by lir     | ne numh                 | er - see ins                            | truc    | tion    | S)        |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |
|                |               | ed from the genera                      | ***            |                         |                                         |         |         |           | it a                                              | man  | ifest      | Sa                | afetv    | -Kle                    | en v     | as f   | he    |       |          |          | # <b>90</b> 0                                | 88 |
|                |               | nder U. S. EPA Tr                       |                |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       | with  |          |          |                                              |    |
| -              |               | er solvents, and the                    | en shippe      | ed to the               | Safety-Klee                             | n Le    | xing    | ton I     | Rec                                               | ycle | Cer        | nter (            | (in L    | exin                    | gton     | , sc   | ) for |       |          |          |                                              |    |
| recyclir       | ng by distill | ation.                                  |                |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |
|                |               |                                         |                |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |
|                |               |                                         | :              |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |
| 1              |               |                                         |                |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |
|                |               |                                         |                |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |
|                |               |                                         |                |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |
| I              |               |                                         | :              |                         |                                         |         |         |           |                                                   |      |            |                   |          |                         |          |        |       |       |          |          |                                              |    |

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                      | PART B: FACILITY ANNUAL REPORT                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | PART C: UNMANIFESTED WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR A WASTE                                                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | RECEIVED (day/mo/yr) 0 3 / 2 8 / 2 0 0 1                                        |  |  |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                        |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                 |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                               |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                       |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                        | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L : 3 2 7 7 1                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                             |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL:32771                                                       |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT  NAME (last and first)                         | PHONE NO. (area code & no.)                                                     |  |  |  |  |  |  |  |  |  |  |  |
| KEITH MARCILLE                                                          | 4 0 7 3 2 1 6 0 8 0                                                             |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | onty)                                                                           |  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                   | s offiy)                                                                        |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                       |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| \$     ,                                                                | , , , , , , , , , , , , , , , , , , , ,                                         |  |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                       | amiliar with the information submitted in this and all attached documents       |  |  |  |  |  |  |  |  |  |  |  |
| certify under penalty of law that I have personally examined and arm to | ible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant per | palties for submitting false information, including the possibility of          |  |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                 | tation for additioning tales into interioris, including the possibility of      |  |  |  |  |  |  |  |  |  |  |  |
| Times and impresentations                                               |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| :                                                                       | ppenh                                                                           |  |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                     |  |  |  |  |  |  |  |  |  |  |  |

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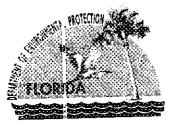
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | is 1 & 2)                | 2.11000                                                                                                                     | Pa                           |                                        | Pa                                        |              |             |        |       |       |             |           |     |       |                 |       |               |   |             | -                  |   |
| KVIII. GENERATORS EPA ID NO. : XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of |                          |                                                                                                                             |                              |                                        |                                           |              |             |        |       |       | рс          | ode       | 4   |       |                 |       |               |   |             |                    |   |
| YIY GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | R NAME (specify)                                                                                                            | 7                            | BLDG                                   |                                           |              | _           | 5 0    | 5     | L     | E I         | FТ        | 1   | A R   | ЕА              |       |               |   |             |                    |   |
| 7(17). GL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                             | 30030000000                  | KENN                                   | E D                                       | Y (          | 9           | S P    | Α     | СЕ    |             | СЕ        | N T | ΓЕ    | R               |       |               |   |             |                    |   |
| YIY W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ASTE IDE                 | NTIFICATION                                                                                                                 |                              | CAPE                                   |                                           | : A          | N           | A V    | E     | R A   | L           |           | F I |       | 3 2             | 8     | 1 5           |   |             |                    |   |
| LINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | A. DESCRIPTION OF                                                                                                           | WASTE                        | <u>aagaassasaacaaa</u>                 |                                           | B. EPA       | HAZARDOUS   | NUMBER |       |       | C. HANDLING |           |     |       | D. AMOUNI<br>OF | WASTE |               |   | E. UNITS OF | MEASURE            |   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Waste Co                 | mbustible Liquid, N.O.S.                                                                                                    | (Petroleun                   | n Naptha)                              | D                                         | 0 0          | 1           | D 0    | 3     | 9     | s           | 0 2       | П   |       |                 | П     | 1             | 7 | G           | P                  |   |
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| Waste<br>sole tra<br>other p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | was shipp<br>ansporter u | S (enter information by<br>ed from the generator's lo<br>under U. S. EPA Transpor<br>er solvents, and then ship<br>llation. | cation to the<br>ter ID # SC | ne Sanford f<br>R 0000751              | acilii<br>50.                             | ly wi<br>The | thou<br>was | te w   | vas I | bulke | ed a        | t the     | Sai | nford | facil           | ity w | rith          |   |             |                    |   |
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| HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Use this form as a cover for all required reports.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | THIS REPORT IS FOR THE YEAR ENDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| II. INSTALLATION'S EPA ID NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | THIS REPORT IS FOR A WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| III. NAME OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RECEIVED (day/mo/yr) 0 4 / 2 5 / 2 0 0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SAFETY - KLEEN SYSTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TRITIVIE TO THE TOTAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY |
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| VI. INSTALLATION CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME (last and first)  K E   T H M A R C   L L E  VII. TRANSPORTATION SERVICES USED (for Part A reports only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PHONE NO. (area code & no.) 4 0 7 3 2 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. COST ESTIMATE FOR FACILITY CLOSURE  S  IX. CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I certify under penalty of law that I have personally examined and am familiar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | th the integral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and that based on the inquiry of those individuals immediately responsible for ob-<br>true, accurate, and complete. I am aware that there are significant penalties for<br>fines and imprisonment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | staining the information, I believe that the submitted information is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the possibility of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| A. Print or Type Name  B. Sig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C. Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                    |                                                  | 1. Date Receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d I     | F          | ACILITY R                              | EPC                                     | )R1   | r <b>-</b> I | PA    | RT     | SE  | &<br><b>B</b> | င    |             | ****      |       |           |            | ••••            | ***   |      |      |          |            | 700     |          |
|--------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|----------------------------------------|-----------------------------------------|-------|--------------|-------|--------|-----|---------------|------|-------------|-----------|-------|-----------|------------|-----------------|-------|------|------|----------|------------|---------|----------|
|                    | OFFICAL                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | XVI TY     | PE OF RE                               | EPORT (enter an X) XVII. FACILITIES EPA |       |              |       |        |     |               |      |             |           | -     |           | 1          | -1              |       |      |      |          |            |         |          |
|                    | ONLY<br>s 1 & 2)                                 | 2. Received By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | Pai        | ntB X                                  |                                         | art   |              |       |        |     |               | Ľ    |             |           |       |           |            |                 | ساري  |      |      | <u></u>  | -          |         |          |
| VIII. G            |                                                  | ORS EPA ID NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |            | XX. GENE                               |                                         |       | R'           | S A   | D      | RE  | SS            | (s   | tre         | et d      | r P   | 01        | юх         | , ci            | ty, s | stat | е, і | k zi     | рc         | 00      | ie       |
|                    |                                                  | 6800014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5 8 5   |            | DYNA                                   |                                         |       | 7            |       | 5      | n 4 |               |      | <b>-</b>    | C 7       | г     | Λ         | R          | E A             | ١.    |      |      |          |            |         |          |
| IX. GE             | NERATO                                           | R NAME (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |            | B L D G<br>K E N N                     |                                         |       |              |       |        |     |               |      |             |           |       |           |            |                 | •     |      |      |          |            |         |          |
| <u></u>            | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | 503100000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            | CAPE                                   | (<br>(000.00                            | C A   | A N          | 1 /   | A V    | / E | R             | A    | L           | ,<br>1888 | F     | L         |            | 3               | 2 8   | 1    | 5    |          |            |         |          |
| ••••               | ASTE IDE                                         | TIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |            |                                        |                                         |       | <u>و</u>     | ?     |        |     |               |      | 5           | <b>23</b> | Ï     |           |            | <b>333</b><br>5 |       |      |      | Ť        | E LC       | ш       | 122<br>1 |
| LINE<br>NUMBER     |                                                  | A. DESCRIPTIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N OF V  | VASTE      |                                        |                                         | A C D |              | MACTE | MIMBER |     |               |      | C. HANDLING | METHOD    |       |           |            | D. AMOU         | WASTE |      |      |          | E. UNITS ( | MEASURE | :        |
| 1                  | Waste Co                                         | mbustible Liquid, N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | O.S. (1 | Petroleum  | n Naptha)                              | o                                       | 0     |              |       |        |     |               |      | s           | 0         | 2     | Ι         |            |                 | Ţ     | Ι    | 1    | 6        | q          | Ţ       |          |
|                    | NA1993                                           | PGIII (ERG # 128)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |            |                                        | D                                       | 0     | 1            | 8     | 미      | 0 2 | 10            | L    | Ц           | 4         | +     |           | Н          | 4               | _     | Ļ    | Ц    | -        | ╬          | +       | 4        |
| 2                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |                                        | Н                                       | -     | +            |       |        | ┿   |               | H    | Н           | -         | -     | ┿         | -          |                 | +     | ╁    | Н    | $\dashv$ | 十          | ╁       | -        |
| 3                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :       |            |                                        |                                         | Ï     |              | 1     |        | Ţ   |               |      |             |           |       |           |            |                 |       |      |      |          | 1          |         |          |
|                    |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :       |            |                                        | Ш                                       |       |              | 4     | 4      |     |               | _    | Щ           | _         | 4     | Ł         | Н          | _               | _     | ╀    |      | 4        | ╬          | 4       | _        |
| 4                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |                                        | H                                       | -     | +            | 4     | _      | +   | +             | -    | Н           | H         | +     | ╁         | Н          | H               | +     | ╁    | Н    | +        | ╅          | t       | 7        |
| 5                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |                                        |                                         |       |              |       |        |     |               |      |             |           |       |           |            |                 |       | Ţ.   |      |          |            | Ţ       |          |
|                    |                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |            | *************                          | Ц                                       |       |              |       | 4      |     | _             | Ł    | Ц           |           | -     | _         | lacksquare | 4               | +     | ╁    | H    | Ц        | ╁          | ╁       | _        |
| 6                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |                                        | Н                                       | -     | +            | -     | -      | +   | ┿             | -    | H           | Н         | +     | ╁         | H          | H               | ╅     | ╁    | H    | H        | +          | +       | -        |
| 7                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            | · · · · · · · · · · · · · · · · · · ·  |                                         |       |              |       |        |     |               |      |             |           |       |           |            |                 |       | I    |      |          | Ţ          | Ţ       |          |
|                    |                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |            | ······································ | H                                       |       | +            | 4     | Ц      |     | +             | -    | Ш           | Н         | 4     | ╀         | ╀          | Н               | 4     | ╁    | Ļ    | Н        | ╁          | ╁       | -        |
| 8                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |                                        | -                                       |       | +            | -     |        | 1   |               | -    |             | Н         | +     | t         |            | П               | 1     | t    |      | d        | †          | †       | _        |
| 9                  | •                                                | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | :       |            |                                        |                                         |       | Ţ            |       |        |     |               | L    |             |           |       | Ţ         |            |                 | Ţ     | Ţ    | L    |          | 4          | 1       |          |
| 1 0                |                                                  | <u>.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -       | ·········· |                                        | H                                       |       | +            | -     | Н      | +   | +             | -    |             | Н         | +     | ╁         | ╁          | Н               | +     | ╁    | ╁    | Н        | ╅          | ╁       | -        |
| , 0                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |                                        | Ħ                                       |       |              |       |        |     |               | t    |             |           | 1     | Ţ         |            |                 | 1     | Ţ    | Ţ    |          | 1          | 1       | _        |
| 1 1                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |                                        |                                         |       |              |       |        |     | 1             | Ĺ    |             | Ц         | _     |           | Ļ          | Ц               | 4     | ╀    | L    | Н        | 4          | 4       | *040     |
| 1 2                |                                                  | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | ·····      | ************                           | ┢                                       | H     | -            | -     | H      |     | _             | ╁    | ┝           | H         |       | $\dagger$ | ╁          |                 | +     | +    | +    | H        | +          | +       |          |
|                    | <u> </u>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :       |            |                                        | Ĺ                                       |       |              |       |        |     | 3000          |      |             |           |       |           |            |                 |       | Ţ    |      |          |            |         | -        |
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| ole tra<br>other p | ınsporter u                                      | inder U.S.EPA Tra<br>er solvents, and ther                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nsporte | er ID # SC | R 0000751                              | 50.                                     | Th    | e v          | vas   | te     | was | s bı          | ılke | d a         | it th     | e S   | ani       | ord        | fac             | ility | wi   | th   |          |            |         |          |

|                                                                                                                                                                                                                                                          | 1. TYPE OF HAZARDOUS WASTE REPORT                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                   | PART A: GENERATOR ANNUAL REPORT                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                          | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                                                                                                                                                                                                       | PART B: FACILITY ANNUAL REPORT                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                          | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0  PART C: UNMANIFESTED WASTE REPORT                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                          | THIS REPORT IS FOR A WASTE                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                          | RECEIVED (day/mo/yr) 0 1 / 0 4 / 2 0 0 0                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                          | EMS, INC.                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRES                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                          | DIRIIVE                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                                                                                                                                                                                                         | DRIVE                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| NAME (last and first)                                                                                                                                                                                                                                    | PHONE NO. (area code & no.)                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |
| KEITH MARCILLE                                                                                                                                                                                                                                           | 4 0 7 3 2 1 6 0 8 0                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                                                                                                                                                                                    | s only)                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| \$     ,       ,                                                                                                                                                                                                                                         | \$                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| I certify under penalty of law that I have personally examined and am to<br>and that based on the inquiry of those individuals immediately respons<br>true, accurate, and complete. I am aware that there are significant per<br>fines and imprisonment. | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is nalties for submitting false information, including the possibility of |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                                                                                                                                                                                                    | B. Signature                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |
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| sole tra | ansporter                               | under U.S.<br>er solvents,            | EPA Tran                                | sporte  | er ID # ILD<br>ed to the S | 98490820<br>afety-Kles                  | nle      | rie v<br>xino | vası<br>Iton                             | Rec    | as i<br>cvole | о<br>Э Се | ente     | r (in                   | Lex   | ing       | ton,          | SC            | ) for       |         |     |         |         |          |
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| , ouyuli | y Jy uist                               |                                       |                                         |         |                            |                                         |          |               |                                          |        |               |           |          |                         |       |           |               |               |             |         |     |         |         |          |
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Jeo Bush Governor

# Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

November 14, 2001

Keith Marcille, Branch Manager Safety-Kleen Corp. 600 Central Park Drive Sanford, Florida 32771 OCD-HW/C/E-01-0320

Seminole County - HW Safety-Kleen Corp. FLD984171165

Dear Mr. Marcille:

In the Warning Letter dated October 11, 2001, I requested Unmanifested Waste Reports for shipments of hazardous waste from Kennedy Space Center and Patrick Air Force Base and a written plan regarding use of the uniform hazardous waste manifest.

While Jason Sherman, Office of General Counsel, will be coordinating this case, please forward your response to my attention at the address listed above.

If you have any questions I can be reached at (407)893-3323.

Sincerely,

John White

Environmental Specialist

jw



# Department of Environmental Protection

Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

CERTIFIED MAIL 7099 3400 0004 1323 1916

Keith Marcille, Branch Manager Safety-Kleen Corp. 600 Central Park Drive Sanford, Florida 32771 WARNING LETTER OWL-HW/E-C-00-0029

Seminole County - HW Safety-Kleen Corp. FLD984171165

Dear Mr. Marcille:

On August 10 and September 7, 2001 the Department received written notice of potential violations involving Safety-Kleen Corp. During the review of this information, possible violations of rules regarding hazardous waste management were noted. These possible violations are set forth in the "Summary of Potential Non-Compliance Items" section of the attached inspection report.

You are advised that any activity at your facility that may be contributing to violations of the above described statutes or rules should be ceased immediately. Operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.727 Florida Statutes.

PLEASE BE ADVISED that this Warning Letter is part of an agency investigation preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. The purpose of this letter is to advise you of potential violations and to set up a meeting to discuss possible resolutions to any violations and/or civil penalties for which you may be responsible.

This matter may be resolved through the entry of a Consent Order that includes a compliance schedule and an appropriate penalty. Under the Department's agreement with the United States Environmental Protection Agency (EPA), a formal administrative complaint or "Notice of Violation" (NOV) must be issued within 300 days of the date of the attached inspection report. In order to avoid the issuance of a NOV, a Consent Order must be entered well in advance of that date.

"More Protection, Less Process"

# WARNING LETTER Safety-Kleen Corp. OWL-HW/E/C-01-0029

Please contact John White, Hazardous Waste Section, at (407) 893-3323 within ten (10) working days of receipt of this letter to schedule an informal conference concerning resolution of this matter.

Sincerely,

Vivian F. Garfein

Director of District Management

Date

VFG/wmb/lb/jw

Enclosures:

RCRA Inspection Report

cc:

FDEP, Tallahassee



# Department of Environmental Protection

Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 David B. Struhs Secretary

# HAZARDOUS WASTE INSPECTION REPORT

| 1. | INSPECTION TYPE: Routine Complaint Follow-Up Permitting File Review                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | FACILITY NAME Safety-Kleen Systems Sanford EPA ID # FLD984171165                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | STREET ADDRESS 600 Central Park Drive, Sanford, Florida 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | MAILING ADDRESS 600 Central Park Drive, Sanford, Florida 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | COUNTY Seminole PHONE 407/321-6080 DATE 8/10/01 TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NO | OTIFIED AS: N/A CURRENT STATUS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | □ Non Handler       □ CESQG (<100 kg/mo.)         □ SQG (100-1000 kg/mo.)       □ SQG (100-1000 kg/mo.)         □ Generator (>1000 kg/mo.)       □ Generator (>1000 kg/mo.)         □ Transporter       □ Transfer Facility         □ Interim Status TSD Facility       □ Interim Status TSD Facility         □ TSD Facility       □ TSD Facility         □ Unit Type(s): Storage       □ Unit Type(s): Storage         □ Exempt Treatment Facility       □ Exempt Treatment Facility         □ Used Oil:       □ Used Oil: |
| 2. | APPLICABLE REGULATIONS:       40 CFR 262       40 CFR 263       40 CFR 264         40 CFR 261.5       40 CFR 262       40 CFR 263       40 CFR 264         40 CFR 265       40 CFR 266       40 CFR 268       40 CFR 273         40 CFR 279       62-710, FAC       62-730, FAC       62-737, FAC                                                                                                                                                                                                                           |
| 3. | RESPONSIBLE OFFICIAL(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | Keith Marcille, Branch Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4. | INSPECTION PARTICIPANTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | John White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. | LATITUDE/LONGITUDE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6. | SIC Code: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7. | TYPE OF OWNERSHIP: Private Federal State County Municipal                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Q  | PERMIT #: HO01-0022198-001 ISSUE DATE: May 10, 1999 EXP. DATE: May 10, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Website: www.dep.state.fl.us

Safety-Kleen Sanford 10/10/01 Page 2

#### INTRODUCTION: 9.

Safety-Kleen, located at 600 Central Park Drive, Sanford, Florida, operates as a generator, transporter, transfer facility, and permitted hazardous waste storage facility. Safety-Kleen has operated at this particular location since March 15, 1993 and employs approximately 30 people Monday through Friday from 6:00AM to 9:00PM. Potable water and domestic waste needs are serviced by the City of Sanford.

Safety Kleen Sanford was last inspected on March 12, 2001 as a permitted storage, transfer facility, transporter, and generator. The facility was in compliance with hazardous waste regulations at that time.

Safety-Kleen is currently operating under the hazardous waste operation permit, HO01-0022198-001. Safety-Kleen, Sanford operates under the permit which includes the following areas: 1) a totally enclosed building, approximately 80 feet by 155 feet, having three distinct areas, designated as offices, container storage area and return/fill station and; 2) a separate outside aboveground tank storage area with four 20,000-gallon steel tanks with secondary containment. Tank #1 contains waste solvent and is regulated under this permit. Tank #3, which had stored antifreeze, received a closure certification on December 21, 1999. This tank is planned to store used oil. Tank #2 and #4 contain product Parts Cleaner 105 and product Premium 150 Solvent, respectively. The amount of waste stored in the container storage area at any one time is not to exceed 6,912 gallons.

#### INSPECTION HISTORY: 10.

Inspection conducted on March 12, 2001 - facility was in compliance. Inspection conducted on August 3, 2000 - facility was in compliance. Inspection conducted on August 4, 1999 - facility was in compliance. Inspection conducted on June 10, 1998 - facility was in compliance. Inspection conducted on September 18, 1997 – facility was in compliance. Inspection conducted on March 12, 1996 - facility was in compliance. Inspection conducted on February 20, 1995 – facility was in compliance. Inspection conducted on December 10, 1993 - facility was in compliance.

#### PROCESS DESCRIPTION: 11.

Safety-Kleen Sanford has 17 trucks that are used for servicing customers. The trucks are constructed to provide an estimated 20 services per day and/or transport 20 drums back to the facility. Equipment and solvent, including mineral spirits, immersion cleaner and perchloroethylene, are leased to Safety-Kleen customers. Spent solvent is picked up at regular intervals, at which time the spent solvent is exchanged for clean product.

Spent mineral spirits is returned to the Sanford facility's return/fill area where the drums are emptied into barrel washers. Empty drums are placed onto a rotary brush unit, within the barrel washer, and the dirty mineral spirits is used to clean the inside and outside of the drum. Clean drums are refilled with mineral spirits and returned to the service trucks. The waste mineral spirits is transferred, using a float actuated pump and overhead pipe system, from the barrel washers to the aboveground tank storage tank. Sludge accumulated in the barrel washer is removed at least once per day. The sludge is collected in 16-gallon satellite containers, which when full, are then stored in the container storage area prior to shipment off-site. The waste mineral spirits storage tank is pumped out when the capacity reaches 19,000-gallons or a height of 22 feet 5 inches. Waste mineral spirits is transported to Safety-Kleen's Lexington, South Carolina facility for reclaiming.

Safety-Kleen Sanford 10/10/01 Page 3

Safety-Kleen also operates a service referred to as "continued use". This "Continued Use Program" diverts a portion of used mineral spirits from qualified customers and places it in a continued use "wet dumpster" that is directly piped to the drum washing units for chemical and mechanical cleaning of incoming continued use drums. A permit modification, dated October 10, 2000, was issued for implementation of the Continued Use Program.

Safety-Kleen provides customers with paint thinner, and cleaning solvent. When the material is no longer useful, Safety-Kleen picks up the spent material and stores the hazardous waste in the container storage area, prior to shipping the spent materials to Safety-Kleen's Lexington, South Carolina and Hebron, Ohio facilities.

Safety-Kleen also services facilities generating used oil. Safety-Kleen samples and analyzes the used oil for PCB's and other contaminants prior to accepting the used oil from the customer. The drivers test used oil samples with the use of CLOR-D-TECT 1000 screening kits. No results of these tests are kept. A metal fire cabinet located next to the container storage area is used for the accumulation of used oil samples. Oil samples are only analyzed if the East Chicago refinery reports that a rail car shipment they received is contaminated. The samples are accumulated for less than 90 days and then properly disposed.

#### Record Review: 12.

On August 10, 2001 the Department received written notice from U.S. Patrick Air Force Base that, between June 2000 and August 2001, Safety-Kleen Corp. transported 8 shipments of hazardous waste off of Patrick Air Force Base property without a hazardous waste manifest [40 CFR 263.20(a)]. Patrick Air Force Base is a large quantity generator of hazardous waste and, as such, a uniform hazardous waste manifest is required for each shipment of hazardous waste off of the property.

On September 7, 2001, the Department received written information from U.S. NASA Kennedy Space Center documenting that, between August 2000 and May 2001, Safety-Kleen Corp. transported 7 shipments of hazardous waste off of U.S. NASA Kennedy Space Center property without a hazardous waste manifest [40 CFR 263.20(a)]. U.S. NASA Kennedy Space Center is a large quantity generator of hazardous waste and, as such, a uniform hazardous waste manifest is required for each shipment of hazardous waste off of the property.

This is a repeat violation by Safety-Kleen. On February 27, 1992, the Department took state-wide enforcement against Safety-Kleen for violations, including the transportation of hazardous waste without a manifest from Olin Corporation, U.S. NASA Kennedy Space Center, Emergency One, and Hartland Pontiac.

An inspection of Safety-Kleen's operations conducted on October 30, 1991, when the facility was located at 505 Plumosa Drive, Altamonte Springs, Florida, documented the removal of hazardous waste from U.S. NASA Kennedy Space Center without the use of a hazardous waste manifest. In response to the enforcement action, in a submittal dated April 1, 1992, Safety-Kleen provided the Central District with an Unmanifested Waste Report for wastes removed from U.S. NASA Kennedy Space Center without the use of a hazardous waste manifest

Safety-Kleen Sanford 10/10/01 Page 4

# Summary of Potential Non-Compliance Items and Recommended Corrective Actions:

a) Permit HO01-0022198-001 Specific Conditions Part I, Condition 14 / 40 CFR 264.76 - Unmanifested Waste Report

The Permittee shall comply with the manifest requirements of 40 CFR 264.71, 264.72, and 264.76. In accordance with 40 CFR 264.76, if a facility accepts for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest, or without an accompanying shipping paper as described in § 263.20(e)(2) of this chapter, and if the waste is not excluded from the manifest requirement by § 261.5 of this chapter, then the owner or operator must prepare and submit a single copy of a report to the Regional Administrator within fifteen days after receiving the waste.

Violation

Safety-Kleen Sanford accepted 15 unmanifested shipments of hazardous waste from U.S. NASA Kennedy Space Center and U.S. Patrick Air Force Base between June 2000 and August 2001. No unmanifested waste reports have been received regarding shipments from these two facilities during the time period in question.

Recommended Corrective Action

Within 15 days of receipt of this report, Safety-Kleen Corp. must file unmanifested waste reports covering all of the shipments in question.

b) 40 CFR 263.20(a) The manifest system.

A transporter may not accept hazardous waste from a generator unless it is accompanied by a manifest signed in accordance with the provisions of 40 CFR 262.20.

Violation

Safety-Kleen Sanford transported 15 unmanifested shipments of hazardous waste from U.S. NASA Kennedy Space Center and U.S. Patrick Air Force Base between June 2000 and August 2001.

Recommended Corrective Action

Safety-Kleen Corp. must provide the Department with a written plan documenting efforts to properly train staff to ensure waste is not transported from generators without the use of a uniform hazardous waste manifest.

14. CONCLUSION:

At the time of this File Review Safety-Kleen, Sanford was regulated as a permitted hazardous waste storage facility, generator, transporter, and transfer facility and was not in compliance.

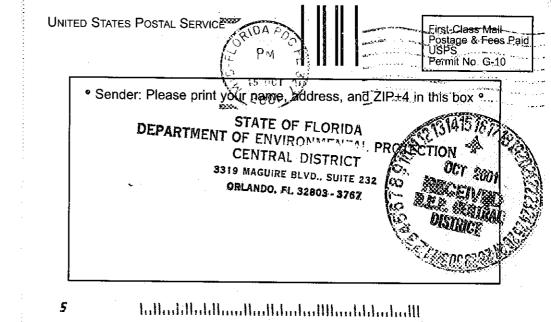
Report Prepared By:

Environmental Specialist

Date: October 10, 2001

| Postage S  Certified Fee Postmark Here  Return Receipt Fee (Endorsement Required)  Ajestricted Delivery Fee (Endorsement Required)  Total Postage & Fees S  Narfe (Please fil)nt Cleady/ (to be completed by mailer)  Street, Apt. No. for PO Box No.  Contact of the completed by mailer)  Contact of the completed by mailer)  Contact of the completed by mailer) | :    |                                                            | TEIAVIO<br>DIMANIL REGI<br>IIIVVIVOIRIORIORIO |          |
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| Street, Apt. No. pr PO Box No.                                                                                                                                                                                                                                                                                                                                       | 00hE |                                                            |                                               |          |
| Lawford 3277/                                                                                                                                                                                                                                                                                                                                                        |      | Street Apt. No. pr PO Be<br>City State. 219+4<br>Aug. Land | een Corp<br>Trul Park<br>3277/                | Di.      |

|                                                                                                                                                                                                 | COMPLETE THIS SECTION ON DELIVE                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| SENDER COMPLETE THIS SECTION                                                                                                                                                                    | A. Received by (Please Print Clearly) B. Date of Delivery                          |
| Complete items 1, 2, and 3. Also complete                                                                                                                                                       | A Received by (Please 1)                                                           |
| item 4 if Restricted Delivery is desired.                                                                                                                                                       | 9-11/11 1 0 0 1 1 9 T                                                              |
|                                                                                                                                                                                                 | C. Signature Agent                                                                 |
| so that we can return the card to you.                                                                                                                                                          | X Addressee                                                                        |
| we attach this card to the back of                                                                                                                                                              | Yes                                                                                |
| or on the front if space permits.                                                                                                                                                               | D. Is delivery address below: No  If YES, enter delivery address below:            |
| 1. Article Addressed to:                                                                                                                                                                        | 1 110-00-0029                                                                      |
| 1. Article Addressed to: Marcelle, Busylin                                                                                                                                                      | owh-Hw-00-0029                                                                     |
| 0011                                                                                                                                                                                            | <del> </del> :                                                                     |
| Safety Kleen Carp -                                                                                                                                                                             | JW                                                                                 |
|                                                                                                                                                                                                 |                                                                                    |
| page ly week                                                                                                                                                                                    | \                                                                                  |
| sofe ly hillen of DA                                                                                                                                                                            | 3. Service Type                                                                    |
| bop Central Park Dr                                                                                                                                                                             | 3. Service Type Certified Mail Express Mail Registered Receipt for Merchandise     |
| boo Central Park DA                                                                                                                                                                             | 3. Service Type  3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D. |
| 600 Centraltark D1                                                                                                                                                                              | 3. Service Type Certified Mail                                                     |
| Landord F132771                                                                                                                                                                                 | 3. Service Type Certified Mail                                                     |
| Sanford F13277/                                                                                                                                                                                 | 3. Service Type  Certified Mail                                                    |
| Samford F13277/ 2. Article Number (Copy from service label) 2. Article Number (Copy from service label) 2. Article Number (Copy from service label) 2. Article Number (Copy from service label) | 3. Service Type  Certified Mail                                                    |
| Sanford Il 3277/ 2. Article Number (Copy from service label) 7099 3400 0009 1323                                                                                                                | 3. Service Type  Certified Mail                                                    |
| Samford F13277/ 2. Article Number (Copy from service label) 2. Article Number (Copy from service label) 2. Article Number (Copy from service label) 2. Article Number (Copy from service label) | 3. Service Type  Certified Mail                                                    |



### PENALTY COMPUTATION WORKSHEET

| Violator's Name: Safety-Kleen Corp.                                           |
|-------------------------------------------------------------------------------|
| Identify Violator's Facility: Safety-Kleen Sanford                            |
| Name of Department Staff Responsible for the Penalty Computations: John White |

ComHaz Case #: 252027

Date: October 10, 2001

|    | Violation<br>Type              | Manual<br>Guide | Potential for Harm | Extent of Deviation | Matrix<br>Range    | Multi<br>Day | Other<br>Adjustments | Total    |
|----|--------------------------------|-----------------|--------------------|---------------------|--------------------|--------------|----------------------|----------|
| а. | 264.76, Permit<br>Condition 14 | 5.2             | Minor              | Moderate            | \$500 -<br>\$1,499 | \$9,000      | \$1,499              | \$10,499 |
| b. | 263.20(a)                      | 5.1             | Minor              | Moderate            | \$500 -<br>\$1,499 | \$2,800      | \$1,499              | \$4,299  |
|    |                                | TOTAL           | _                  |                     |                    |              |                      | \$14,798 |

### Total Penalties for all Violations:

\$14,798.00

Multi-event penalties were selected for transportation of hazardous waste without a manifest. Multi-day penalties were selected for failure to file an unmanifested waste report since the report is due within 15 days of receipt of unmanifested waste. Upon receipt of notification from U.S. NASA Kennedy Space Center and U.S. Patrick Air Force base that waste had been removed from the facilities without a hazardous waste manifest, Safety-Kleen could have prepared and submitted unmanifested waste reports but did not.

Economic Benefit was not calculated for these violations.

All violations were assessed at the top of the penalty range.

A 10% increase was added to each violation for a history of noncompliance.

John White

**Environmental Specialist** 

Vivian F. Garfein

**Director of District Management** 

Data

Dolalew 11,200/

# WORKSHEET RANKING SYSTEM FOR POTENTIAL FOR HARM

FACILITY NAME: Safety-Kleen Corp. Sanford Date: October 10, 2001

EPA ID No.: <u>FLD984171165</u> ComHaz Case #: <u>252027</u>

|    | Violation                      | Description                    | Nature of<br>Waste | Amount of<br>Waste | Release | People | Total<br>Points |
|----|--------------------------------|--------------------------------|--------------------|--------------------|---------|--------|-----------------|
| a. | 264.76, Permit<br>Condition 14 | Unmanifested Waste<br>Report   | 4                  | 2                  | 1       | 4      | 11              |
| b. | 263.20(a)                      | No Hazardous Waste<br>Manifest | 4                  | 2                  | 1       | 4      | 11              |
|    |                                |                                |                    |                    |         |        |                 |

### SCORING SYSTEM

| NATURE OF WASTE             | AMOUNT OF WASTE           | RECEPTORS              |                     |
|-----------------------------|---------------------------|------------------------|---------------------|
|                             |                           | Releases               | Affected Population |
| 8 - High hazard wastes      | 8 - > 5,000 kg (25 drums) | 4 - Release            | 4 - > 1,000         |
|                             | 5 - 1, 000 to 5,000 kg    | 4 - High potential for | 3 - 100 - 1,000     |
| 4 - typical hazardous waste | 2 - < 1,000 kg (5 drums)  | release                | 2 - 10 - 100        |
|                             |                           | 1 - No release         | 1 - <10             |

MAJOR POTENTIAL FOR HARM: 19-24

MODERATE POTENTIAL FOR HARM: 13-18

MINOR POTENTIAL FOR HARM: 8-12

### ECONOMIC BENEFIT WORKSHEET

FACILITY NAME: <u>Safety-Kleen Corp. Sanford</u> Date: <u>October 10, 2001</u>

EPA ID No.: FLD984171165 ComHaz Case #: \_\_\_252027

EB = Avoided Costs (1-C) + Delayed Costs (T)

C = Current Corporate Tax Rate = .38) T = IRS Interest Rate = 10% per year

Economic Benefit was not calculated for these violations

### MULTIDAY PENALTY COMPONENT WORKSHEET

FACILITY NAME: Safety-Kleen Corp. Sanford

Date: October 10, 2001

EPA ID No.: FLD984171165

ComHaz Case #: \_\_\_252027

|    | Violation<br>Type              | Number<br>Events | Potential for Harm | Extent of Deviation | Matrix<br>Range         | Penalty<br>Selected | Total<br>Multiday |
|----|--------------------------------|------------------|--------------------|---------------------|-------------------------|---------------------|-------------------|
| a. | 264.76, Permit<br>Condition 14 | 46               | Minor              | Moderate            | \$100 <i>-</i><br>\$300 | \$200               | \$9,000           |
| b. | 263.20(a)                      | 15               | Minor              | Moderate            | \$100 -<br>\$300        | \$200               | \$2,800           |

U.S. Patrick Air Force Base notified the Department on August 10, 2001, that hazardous waste was removed from the facility without a manifest. This same notification documents that U.S. Patrick Air Force Base made Safety-Kleen aware of the violation. Unmanifested waste reports should have been filed with the Department within 15 days of receipt of the waste; however, in this case, at least within 15 days of receipt of notification of the violation, which would have been August 25, 2001. To date, the Department has received no unmanifested waste reports from Safety-Kleen Corp. that relate to the shipments from U.S. Patrick Air Force Base or U.S. NASA Kennedy Space Center.

Therefore, 46 days (August 25, 2001 to October 10, 2001) are being used as the basis for the multi-day component.

The multi-day, or multi-event, component is calculated using the number of days or events minus 1. 46 days -1 = 45 and 15 events - 1 = 14. The middle of the multi-day range was chosen.

## White, John

From:

Bradner, James

Sent:

August 10, 2001 2:30 PM

To:

'Albury Joan Z GS-12 45CES/CEVC'

Cc:

Burson, Lu; White, John

Subject:

RE: Notification

Good afternoon, Joan:

I appreciate the prompt notification. I will let you know if any further follow-up action is necessary.

Thanks,

Jim Bradner

----Original Message----

From: Albury Joan Z GS-12 45CES/CEVC [mailto:Joan.Albury@patrick.af.mil]

Sent: Friday, August 10, 2001 9:34 AM

To: Bradner, James

Cc: Willard Michael GS-13 45CES/CEV; Stokes Alexander GS-14 45CES/CEV

Subject: Notification

#### Mr. Bradner

I discovered this week that Safety Kleen has been removing drums of their spent petroleum naptha without a hazardous waste manifest because they were treating the site as a CESQG. There have been 8 shipments of 15 to 17 gallons each for a total of 129 gallons of waste since Jun 00. Safety Kleen's response to my questions concerning why the waste was not manifested was that "someone" has been signing as a CESQG. However, the same truck had manifests for pickups of waste at 2 other buildings on Patrick AFB, so Safety Kleen should have been aware of the need for a manifest. The personnel at the site had asked for a manifest and were told by the Safety Kleen person picking up the waste that a manifest was not necessary. I asked the person that pays for the Safety Kleen service for a copy of the contract that was signed with Safety Kleen to see if that was where the CESQG notification had been made. I was told that there was no contract. I have spoken with Scott Snyder (407) 321-6080 (Safety Kleen) and left instruction that any removal of hazardous waste from any location of Patrick AFB requires a uniform hazardous waste manifest because we are considered a large quantity generator. We intend to purchase some aqueous based parts washers after the new fiscal year begins (Oct 01) so that we can stop using Safety Kleen parts washers. Because this is a biennial reporting year, I will ensure that the waste that was removed this year is included in our report.

Joan Albury Hazardous Waste Program Manager 45 CES/CEV (321) 494-2899 DSN 854-2899 Fax (321) 494-5965

|                             | DATE:09/05/01 |
|-----------------------------|---------------|
| TO: (Office Symbol, Action) | Initials Date |
| 1. John White               |               |
| 2.                          |               |
| 3                           |               |
| 4                           |               |
| 5.                          |               |

1. John – These are the copies of the documents Safety Kleen used to ship waste from Patrick that you requested.

Joan (III)



| FROM: (Name, org. symbol) | Room NoBldg.      |
|---------------------------|-------------------|
| Joan Albury               | į.                |
| 45 CES/CÉVC               |                   |
| 1224 Jupiter St, MS 9125  |                   |
| Patrick AFB FL 32925-3343 | 1                 |
|                           | Phone No. OLIN C. |

P.02/02

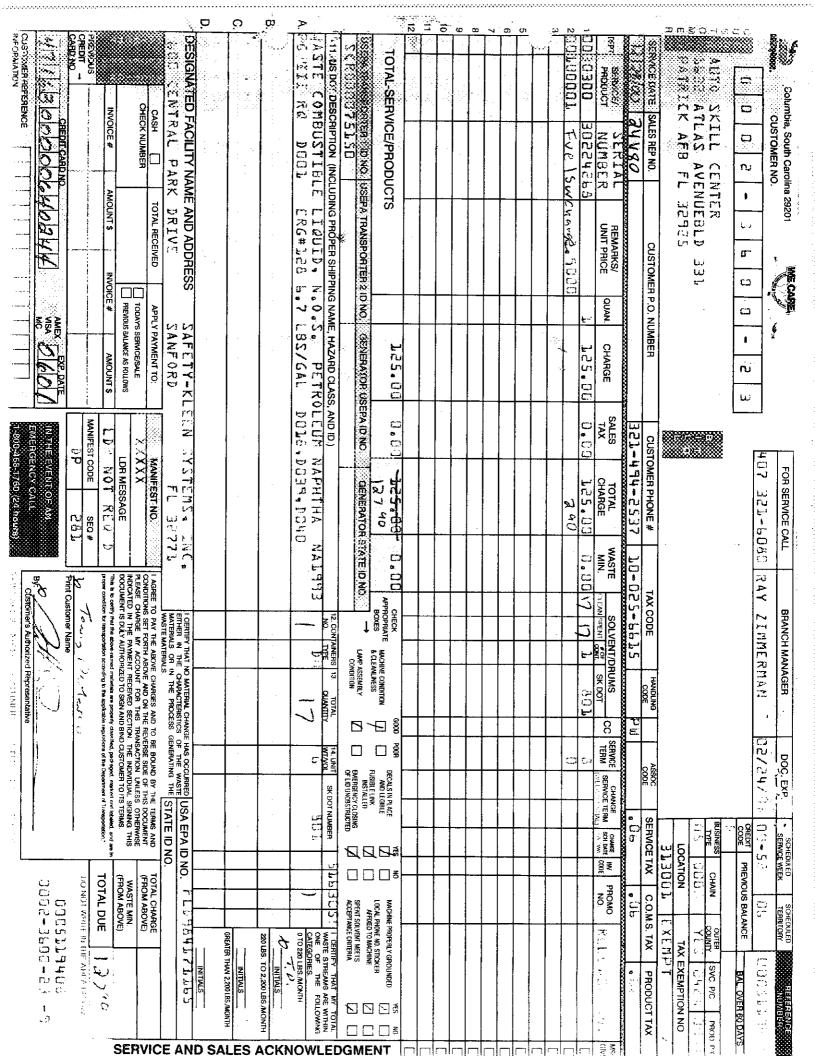
| <u> </u>                                                                     | Bi Wall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | O 🗷                                  | <u>&gt;</u><br> \$\&\                                                        | L                                                                | 18:1                                                           |                           | , iŠ    | = =     | ٦            | 27        | <u> 5</u> | <u>ω</u> | <u> </u>                               | - <u>-</u>                                 | -13                                     | 4.5.                                   | _ \$. T. \$. C. → v<br><b>Taxonom</b>   | <br>                                                         | a                                              |
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| CARD NO GEOGRAPHICA CONTRACTOR REFERENCE                                     | EVIOUS STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8                             |                                      | 11.15.<br>3.23.28.                                                           |                                                                  | 8                                                              | 101                       | H       | +       |              |           |           | تنا      | ŠE                                     |                                            |                                         | ************************************** |                                         | ·——                                                          |                                                |
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|                                                                              | INVOICE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CASH CHECK NI MBEB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )<br>n<br>>                   |                                      | 18.                                                                          | ESCRI                                                            |                                                                |                           | 75      |         | ,            | $\coprod$ | _         |          |                                        |                                            | <i>B</i>                                | ι                                      | SKILL<br>ATLAS<br>CK AF                 | 0                                                            | umbie<br>OU                                    |
| REDIT CA                                                                     | m<br>*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                      | IST                                                                          |                                                                  | (S)                                                            | ‰∺<br>PF                  |         |         |              |           |           |          | ני<br>ני<br>ני                         | MUMBER                                     | OXHE                                    | SALES REP NO.                          |                                         | 0                                                            | bia South Caroli                               |
| ABD NO                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAR C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                      | COMBUSTIBLE                                                                  |                                                                  | ð                                                              | TOTAL-SERVICE/PRODUCTS    |         |         |              |           | :         |          | 50000000000000000000000000000000000000 | BER<br>LAL                                 | 100                                     | 8                                      | CENTER<br>AVENUE<br>FL 32               | 2                                                            | Caroli                                         |
|                                                                              | AMOUNT \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 101<br>101<br>101<br>101<br>101<br>101<br>101<br>101<br>101<br>101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                      | USTIBLE LIQU                                                                 |                                                                  | SEPA                                                           | CTS                       | H       | +       |              | +         | +         | +f       | <u> </u>                               |                                            |                                         |                                        | NUE R                                   | t                                                            | Columbia, South Carolina 29201 \$ CUSTOMER NO. |
|                                                                              | ₩                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DRIVE TOTAL RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | :                                    | LIQUID                                                                       | B                                                                | PANS                                                           |                           |         | 1       |              |           |           |          | h 6 40 2                               | NITYPRI                                    | 200000000000000000000000000000000000000 |                                        | CENTER<br>AVENUEBLD<br>3 FL 32925       | 3                                                            | 49                                             |
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|                                                                              | INVOICE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | '    ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                      | 7 N.                                                                         | S S                                                              | 8 WAY THANSPORTER 2 DAG                                        |                           |         | -       |              |           |           | -        | 90                                     |                                            |                                         | CUSTOMER P.O. NUMBER                   |                                         | 0                                                            | WE CARE                                        |
| AMEX<br>VISA                                                                 | TODAYS SERVICE/SALE PREVIOUS BALANCE AS POLLOWS # AMOUNT \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SANTORD SANTORD APPLY PAYMENT TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                      | 0. S.                                                                        |                                                                  | ð                                                              | -                         |         | $\bot$  | _            | $\coprod$ |           |          | •                                      | QUAN.                                      |                                         | 0. N.                                  |                                         | 0                                                            | , In                                           |
|                                                                              | ERVICE/S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SANFORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                      | d) (g                                                                        | HAZAE                                                            |                                                                | 104                       |         |         |              |           |           |          | ;                                      | CHARGE                                     |                                         | /BER                                   |                                         | <u>'</u>                                                     |                                                |
| DATE                                                                         | E AS FOLLOWS  AMOUNT \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RD Y-K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                      | (PETR                                                                        | 2                                                                |                                                                | 175P                      |         | -       |              |           |           |          | ×                                      | 3 R                                        | 2000000                                 |                                        |                                         | 2 3                                                          |                                                |
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| DP IN THE EVENTO EMPROLINGY OF                                               | XXXXX LDR V LDR NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                      | $\nu$                                                                        |                                                                  | ō<br>8                                                         | 900                       |         |         |              |           |           |          |                                        | SALES                                      | 121-                                    | cus                                    | 77.                                     |                                                              | :<br>                                          |
| EVEN<br>ENCY                                                                 | LDR MESSAGE  DR NOT RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SYSTEMS<br>FL<br>MANIFEST!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                      | NAPHTHA                                                                      |                                                                  |                                                                | 1                         |         |         |              |           |           | 11       | +                                      |                                            | и.                                      | CUSTOMER PHONE #                       | 869000000000000000000000000000000000000 | 07                                                           | ğ                                              |
| 0 (24 O) (24 A)                                                              | ESSAGE<br>REQ<br>SEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STEMS,<br>FL 3<br>MANIFEST NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                      | HTH                                                                          |                                                                  | GENERATO                                                       | 104                       |         |         |              |           |           | 104      | ء ا                                    | TOTAL                                      | 494-2537                                | 3 PHO                                  |                                         | 3<br>2                                                       | FOR SERVICE CALL                               |
|                                                                              | SEQ # D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                      |                                                                              |                                                                  | ATON C                                                         | 53                        |         |         |              |           |           | 16       | C                                      | ) ITI                                      | 1                                       | #                                      |                                         | -60                                                          | ICE CA                                         |
| <b>D</b>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                      | NA199                                                                        |                                                                  | GENERATOR STATE ID NO                                          | 0                         |         | -       |              |           |           |          |                                        | WASTE<br>MIN.                              | Ы                                       |                                        |                                         | 6080                                                         | F                                              |
| Print Custo  By Custom  Custom                                               | PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNAING THIS DOCUMENT IS DIVIDUAL SIGNAING THIS DOCUMENT IS DILLY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.  This is to easily that the above-cambridates are properly destribed, packaged, marked and included, and an proper condition for transportation according to the applicable regulations of the Department of Transportation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - AGREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                      | 393                                                                          |                                                                  | 8                                                              | 8                         |         | $\perp$ | _            |           |           |          |                                        | <u> </u>                                   | <u> 10-025</u>                          | TAX                                    |                                         | YAR                                                          |                                                |
| stomer's omer's                                                              | CHARGE MY D IN THE PAY NT IS DULY AU arity that the above tion for transporter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MATER<br>WASTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <del></del>                          | \overline{8}                                                                 | 5<br>S                                                           | , i                                                            | CHECK                     | -       | +       | +            |           | +-        |          | 1                                      | SO<br>CLEAN SPE                            | 1 <del>9 - </del> 5                     | X CODE                                 |                                         | 21                                                           | BRA                                            |
| tomer Name  Tomer's Authorized Representative  TENER MEDIT TOWNTRULES OF THE | MY ACC<br>PAYME<br>Y AUTHO<br>showe-ner<br>sportetion ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS ON THE PROCESS GENERATING THE WASTE MATERIALS.  WASTE MATERIALS.  PAY THE ABOVE CHARGES AND TO BE BOUND BY THE SET THE BOUND BY THE SET FORTH A POVE AND TOWN THE BOUNDER SITE OF THE SET FORTH A POVE AND THE BOUND BY THE SET FORTH A POVE AND THE BOUND BY THE SET FORTH A POVE AND THE BOUND BY THE SET FORTH A POVE AND THE BOUND BY THE SET FORTH A POVE AND THE BOUND BY THE SET FORTH A POVE AND THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BOUND BY THE BO |                               |                                      | NO TYPE                                                                      | NTAINES                                                          |                                                                | - 1                       | +       | +       | +            |           |           |          | +                                      | SOLVENT/DRUMS                              | -6615                                   |                                        |                                         | ZIMMERMAN                                                    | BRANCH MANAGER                                 |
| d Rapre                                                                      | COUNT FI<br>COUNT FIECE<br>NT FIECE<br>NI FIECE TO<br>No materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NO MATE CHAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                      |                                                                              | NOTION NOTION                                                    | & GLEANLINESS  LAMP ASSEMBLY                                   | HINE CONO                 |         |         |              |           |           |          |                                        | DRUMS<br>SK DOT                            |                                         | . ¥                                    |                                         | MAMA                                                         | ANAGE                                          |
| entative                                                                     | NT FOR THIS RECEIVED SEC ED TO SIGN ANI storials are proper ing to the applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ERIAL CH<br>ACTERIST<br>PROCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                      | 7 Summy 2                                                                    | TOT <b>A</b>                                                     |                                                                | L                         |         |         |              |           |           | 102      |                                        | 3                                          |                                         | HANDLING                               |                                         |                                                              | A                                              |
| talive                                                                       | TRANSA<br>TRANSA<br>COTION. TH<br>ND BIND CL<br>any classified.<br>Se regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ANGE HAICS OF SS GENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                      | 1                                                                            | ]                                                                |                                                                |                           |         | $\prod$ | +            |           | -         | -        | -                                      |                                            | E L                                     |                                        |                                         | 96                                                           | $\perp$                                        |
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|                                                                              | FOR THIS TRANSACTION UNLESS OTHERWISE SECTION. THE INDIVIDUAL SIGNING THIS TOURISH THIS TOURISH THIS TO SIGN AND BIND CUSTOMER TO ITS TERMS.  TO SIGN AND BIND CUSTOMER TO ITS TERMS, and are the re-properly destrict, packaged, marked and labeled, and are the other applicable regulation of the operation of the operation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IS IN THE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                      | SK DOT                                                                       | OF LID UNOBSTRUCTED                                              | FUSIBLE LINK<br>INSTALLED                                      | DECALS IN PLACE           |         |         | $\downarrow$ |           |           |          | -                                      | CHANGE<br>SERVICE TERM<br>(WEEKS)(INITIAL) | 06                                      | ÄΧ                                     |                                         | 400                                                          | ¥                                              |
| 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                      | THERWIS THERMS.  ING THERMS.  Insportation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | USA EPA ID NO. STATE ID NO. TE TERMS AND TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                             |                                      | 8 O I                                                                        | RUCTED                                                           | 8                                                              |                           | $\perp$ | -       | +            | <b>.</b>  | $\bot$    |          | $\perp$                                | ERM SC                                     | 96                                      | SER                                    | BUSINESS<br>TYPE<br>LO                  | CODE<br>CODE<br>CODE<br>CODE<br>CODE<br>CODE<br>CODE<br>CODE |                                                |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                                       | - m o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                      | J.                                                                           | Z                                                                |                                                                | Ďã                        | +       |         | +            | $\vdash$  |           | -        | -                                      | CHANGE INV.<br>SCH DATE CODE               |                                         | SERVICE TAX                            | LOCATION CHA                            |                                                              | SCHEDULEI)                                     |
| 000<br>K CO                                                                  | WAS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1611 6 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                      | 6.30                                                                         | □                                                                |                                                                | _ ĕ _                     | +       | ††      | $\dagger$    | -         | +         |          | 1                                      |                                            | ╬┼                                      | <b></b> ₽                              | TION CHAIN                              | REVIOU                                                       | Ď.E                                            |
| 1600248                                                                      | WASTE MIN<br>(FROM ABOVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D. F.L.D.9.8.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                      | 055                                                                          | ACCEPTAN                                                         | LOCAL PH<br>AFFIXEL                                            | MACHINE F                 |         |         |              |           |           |          |                                        | PROMO<br>NO.                               | g<br>F                                  | C.O.M.S. TAX                           | 9                                       | PREVIOUS BALANCE                                             | SCHEL                                          |
| 0002-3600-23                                                                 | !!!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 417                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GREATER                       | 220 LBs.                             | WASTE :<br>ONE C<br>CATEGO<br>0 TO 220                                       | ACCEPTANCE GRITERIA                                              | LOCAL PHONE NO. STICKER AFFIXED TO MACHINE SDENT SOLVENT MEETS | ROPERLY 6                 |         |         |              |           |           |          |                                        | )ELF                                       |                                         | M.S. TAX                               | OUTER COUNTY                            |                                                              | SCHEDULED<br>TERRITORY                         |
| ТИЕ АВЕАТЕТСК.<br>10286<br>)0-23-9                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FI.D984171165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | THAN 2,200 L                  | INITIALS<br>TO 2,200 L               | WASTE STREAMS ARE ONE OF THE FO CATEGORIES.                                  | 7                                                                | " K CKER                                                       | MACHINE PROPERLY GROUNDED |         |         |              |           |           |          |                                        | RELEASE                                    | 06                                      |                                        | SVC. P/C                                | )<br> <br> <br> <br>                                         |                                                |
| 6-                                                                           | 0740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GREATER THAN 2,200 LBS./MONTH | NITTALS 220 LBS. TO 2,200 LBS. MONTH | WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.  OTO 220 LBS/MONTH | Ò                                                                | i 🖂 l                                                          | ∑<br>∑#                   |         |         |              |           |           |          | 1                                      | e<br>No                                    |                                         | PRODUCT TAX                            | VES 48 OF                               | 2.48¢                                                        | REIER<br>BENEFIE                               |
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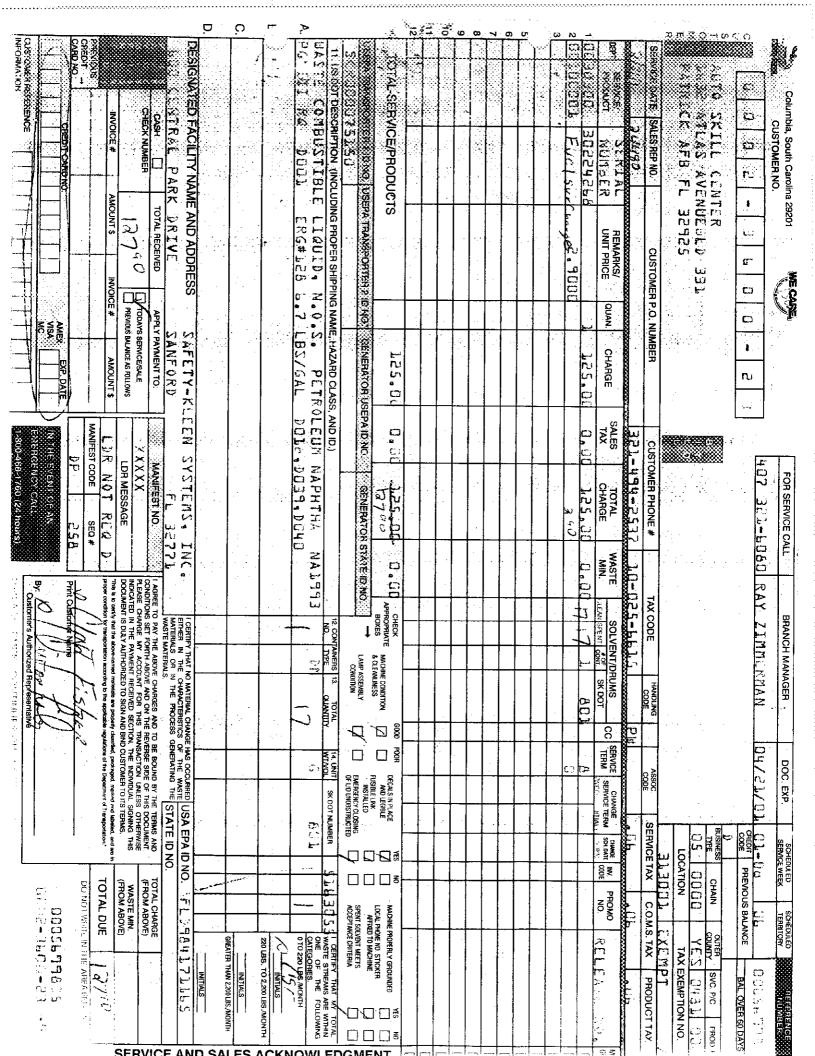
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PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWASE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ) BE BOUND BY THE TERMS AND EVERSE SIDE OF THIS DOCUMENT.  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PATRICK AFS FL 32925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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L B:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TOTAL-SERVICE/PRODUCTS  125.00 |            | REMARKS/ OUAN CHARGE  SUNIT PRICE 1 125,000 | P.O. 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EXP.  407 361-6080 RAY ZIMMERMAN O6/16/16/01                                                                                                                                            |
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USEPA TRANSPORTER 2 ID NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 70 9 | 5 5 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DEPT SERVICE/ NUMBER U., SUJUU JUZZYZEG                                                                | HICH DATE SALES REP NO                     | 130) Gervais Street - Suite 300 Coumbia, South Carolina 29201 CUSTOMER NO.  DE AUTO SKILL CENTER DATRICK AFS FL 3292                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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TE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM 7.1 Ru DIDL ERG#128 5.7 LBI/GAL DD13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TRANSPORTER 2 ID NO. 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(OLEUM NAPHTHA NALYY3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SEPAID NO. 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                                                      | OT LEST-hbh-rze<br># BHOHA BABA-rze        | FOR SERVICE CALL  407 321-5060 KAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| I AGREE TO PAY THE ABOVE CHARGES AND TO SE BOUND BY THE TERMS AND CONDITIONS SET PORTH ABOVE DAY THE REVERSE SIDE OF THIS DOCUMENT. PREASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE DOCUMENT IS DUTY AUTHORISED TO SIGN AND BIND CUSTOMER TO IS TERMS. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DUTY AUTHORISED TO SIGN AND BIND CUSTOMER TO ITS TERMS.  This is no certify the jips above where maintains no popelly despited, packaged, marked and isobed, and are proper condition by placement and inspectation.  Print Customer Valgers  By Customer's Authorized Representatives  Customer's Authorized Representatives | I CERTIFY THAT NO MATERIAL CHANGE HAS OCCUPRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IT THE PROCESS GENERATING THE WASTE MATERIALS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12. 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## Avoid Verbal Orders

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DNIX-6. Dynass Inc.

Jude 8, 2001

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Preliminary Draft Tindings from the Environmental Functional

Perfer

Reference D. Caliber's AMC dated May 24, 2001, subject as above.

**HWM (4)** 

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The Sufety-Kleen contract has been canceled. CLOSED The was'e mineral spirits from the parts washer will be placed in a waste crum and shipped out via KSC's waste support contractor, SGS. Dynace has ordered a parts washer and Electron, which is a mon-hazardous elemning fluid, to put into the parts washer. Investigation revealed that the producement procedure is adequate to preclude such incidents, but that procedure was not followed. To strengthen this procedure, a checklist has been developed to ensure that all precurements dealing with materials that may require disposal go through the Safety, Quarity, and Mission Assurance office.

Should you have any questions, require further information, or save any suggestions, please consect me or Sue Davis at 867-7874.

Jan S. Gustafson

Marager, SQAMA

Dynacs, inc.

CC:

R. Brown TA Ca

S. Davis / DNX-6

## 2 coulosotas

ACL Chemical Hygiere Plan with revision record Current status of grallmanary findings corrective actions TA-03

Florida Decartment of Environmental Protection Attn: Mai (Johby Valin 3319 Maguiro Boulevard, Suita 232 Orlando, FL 32803-2767

Sub sol. Regulatory Compliance Violation

This is notification of pregulatory compliance violation with Dynacs Engineering Co., India: Kanady Space Center, Fill This office crowlded a verbal report to Ms. Dabra Vs. n. Vay 17, 2001 from Mr. Rob Brown. The investigation has been complated. Findings revealed a Dynamic employee issued a sub-obstract for a Parts Washor with reprohisimment of the cleaning solvent as needed. The person responsible oid not consult with Dynamic Environmental Office resulting in mis-management of the wasto stream. When the solvent was refreshed the waste was transported officential by the sub-contractor on a manifest for a small quentity generator.

Corrective action included termination of the contract with the vender and establishing the correct protocol for waste management with Scace Gateway Services (SGS) Waste Management Office at Kennedy Scarc Center.

Should you have any questions or regare additional information, please feel free in contact the all 021 957 9961

Red Brown NASA Environmental Program Office Permitting and Compfance

## Brown-1, Rodney

From:

Vulin Depby (Deboy, Valin@deb state fl.us) Monday, July 09, 2001 15:09 AM Travor-1 Redney RE, KSC Regillatory Compliance

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| _       | **   |                                 | HEER ME BARRET   | 7              | *                                       |               | rsamazia.                             | XX                                               | XXX                                              | N.D             | 4131KS 1        |                  | TAXABLE LEGAL II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1965 EQ        | MUND IN          | 4 (4 T)                                          | d office  | Areas<br>Areas | -             | ESA ENCYFRIL<br>A STERNAL |                                   | 00 m                     | Unit and             |                                              |
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000519545 NOT 321-606C RAY ZIMMERMAN IC<sub>b</sub> 4 0 0 ۵ 2 2 ų PROVIDE BEAUCE 0 0 W. WHEDA 0002-2900-47 307.40 sec esc | reco DIKEK- DYNGCS PO GON 2108? 3 0000 YES 0483 000 STEVE CRASFORD BLDG R7-505 LEFT AREA / KENHEBY SPACE C CAPE CAMPERAL FL 32815 CAPÉ CANAVERAL FL. 32835 LODATION 375007 EXERPT SERVICE TAX COMMENTAL PRODUCT THE STACE DATE DATE REFERE CASTOMER P.O. MARKET COUNTY PARKING & TAXICODE 1 SHATO 407-867-4421 , D. 10-025-0745 . 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PLEASE REMIT SANFORD, FLORIDA 82771 តិ ប៉ ៤-ប TOTAL-SERVICE/PRODUCTS ē, Õ 107 40 CANADA CANADA CANADA CANADA TRACAS CONTRACTOR A SERVICIO A CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CHANGE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART ZP SCR000075250 11. BE DOT DESCRIPTION (ENCLIDENCE PROPER IS EPPING NAME, HAZARO CLASS, AND ID.) ASTE COMBUSTIBLE LIGHID, N.O.S. PETROLEUM NAPHTHA G III RA 9001 ERG9126 6.7 185/GAL 8036.0037.0040 601 D. . . . . . SAFETY-RUEEN SYSTEMS. INC. MESTATE DINO. FLIGHTINGS DESIGNATED FACILITY NAME AND ADDRESS SEE CENTRAL PARK BRIVE FE-32773 CARFORE CARN D 1 ZXXXXX ANDLEY & LOR NOT REA B - MINE -ALCOHOLD S TOTAL DUE: à नकारण हैं किया व 1005195445 1005195445 100519544 1006197 BP13、 电空电子 ្ត្រ ព្រ

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CANSTONER NO. 0205456 407 321-60AD RAY ZINHERHAN 03/31/01 02-65 E Q L ð ₽ 2 ( ۵ Ū П J 4 FREMUM BALAKET \_BOL 1345R RE13 0002-2900-47 D<del>1664</del> 044465 213:20 DYNACS SAC INC CHAN I HO 462 G483 GC PO BOX BLOST STEVE CRASFORS 04 0000 BLDG M2-505 LEFT AREA / KENNEDY SPACE CAPE CANAVERAL FL 32815 (COCATION) TAN KEDILENGEN KED. CAPE CANAVERAL FL 32835 313001 EXEMPT SEPRICE DIOTE MALE REPORT ZEPACE TAX COME TAX PRODUCT TAX CUSTOMER P.O. IN MISER <u>.06</u> 407-867-4421 10-025-0945 ЭĿ BL - 1,2,5, 283422 780622 30300 DEMANDEN UNIT PRICE MOTAL COMPAGE BOLVENT/DELESS CHANGE MUMBER RELEASE , NO , 0;00 3021676 104.59 D. DE 104.50 ēQ: 100001 Feet Successe - 2. 9000 D, Č TOTAL-SERVICE/PRODUCTS ŏ ō **D**. 🗆 10740 6 Ø C THE PERSON IN  $\mathbf{Z}/\mathbf{t}$ इन्द्र का कार्य Dr NAIGHE PD1A.0039.0040 .... LABYZBL-7.8 &SZ#BRB .: LOOF : AR III 85 DESIGNATED FACILITY NAME AND ADDRESS SYSTEMS. INC. JUSA EPA DINO. SANFORD AUSTENTRAL PARK BRIVE . FL 32771 THE STATE ID MOCK ··· 为文章等几次。4本作 Ing to seeing edr, har kee d THE DIE sales from the second 0005481203 P- 44-6005-5000

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CHETCHER NO. 0006061272 п 2 D 2 Œ (I) 4 SC TREE BOX **8002-2500-47** ( 107.40 DYNACS YES C461 DOOL **04** 0000 PO BOX 21087 STEVE CRAWFORD BLDG M7-505 LEFT AREA / KENNEDY SPACE CAPE CANAVERAL FL 32835 CAPE CANAVERAL FL 32815 LOCATION YAL CKEHPTERN MO. **22**g EXEMPT TOURAL SPANCE DATE MARRIED ALL CUSTOMER P.O. HUMBER CUSTOMER PHONE # CETAK C.G.SUA TAK PRODUCT TAK 7/7411 1448 Q 407-867-4423 10-025-0445 . D6 4486 PALES TAT CC SECS NUMBER CHÁSCIF 0-007717 RELEASE NO. 30300 305779, 104.3 0.00 164.50 20 7.4 CL4, 3, 900. Ō, ō 30° -50° -0° Designation TOTAL SERVICE/PRODUCTS ØŌ ÞΩ LANGE STATES IN ם בע PROPERTY CARREST STREODERSSE 11. US DOT DESCRIPTION (INCLUDING PROPER SAPPING HAME, HAZING CLARS, AND ID.) WASTE CONGUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHYNA I PÉ III RE DODL ERGH126 5.7 LBS/GAL DO18, DO39, DO40 17 PERVICE AND BALES DESCRIPTION NAME AND ADDRESS JAFETY-KLEEN ZYZTEMZ. INC. TENTRAL PARK DRIVE TOTAL RECEIVED. LAW HOT READ TOTAL DIE . 107 PA Street Property of BLS 0001-011272 0082-2900-44 - 4 THIS AGREEMENT CONTRACES ON THE REVERSE SIDE

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|          |            | CASTONEN NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·····                                       | ~                | 1.1                      | ,<br>F                                       | FLIM dilimot un                | <del></del>                                  |             | 471.81 MA  | V wedgest                                                                      | <del></del>                                                  | U.R.                                                                      | EAF.                                                                                     |                   | R 500                                   | <u> </u> | 00 <del>00</del>                                           | ***********       | <b>333333</b>       | <b>3882</b> |
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| an<br>G  | BYNA       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | _4. <del></del>  | · <del></del>            | <b>             </b>                         | 2744CS<br>2744CB               | - 1                                          |             |            |                                                                                |                                                              |                                                                           |                                                                                          | E.<br>20003       | 4                                       |          | DUTEN<br>1934/177                                          | DVC. PIC          | FF.00               |             |
| U        | BL36       | IE (RANFORD<br>1 K7-505 LEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FT AREA /                                   | ĶĒŅIJ            | EDY SPAC                 |                                              | PO BOX 2<br>Cape can           |                                              | . FL        | 376        | 113                                                                            |                                                              |                                                                           |                                                                                          |                   | ck Te                                   |          | ŢA                                                         | DY81              | NI NO.              | — ř         |
|          | SERVICE DA | CANAVERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FL 32815<br>CLSTONE                         |                  | AGE FI                   |                                              | THAT PHONE O                   |                                              | TAX DO      |            | COME                                                                           |                                                              | <u> </u>                                                                  | EE T                                                                                     | BERACE            |                                         |          | L X L                                                      | FRECHU            |                     | <u>73</u> 8 |
|          | 7/74       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1407-<br>SAUS 1                             | 867-4423<br>1014 | J =U=U<br>STEAR<br>TASTE |                                              | D'94 S<br>DLY <del>EV</del> IT |                                              | P           | يحددون     | , C) L                                                                         | 15.                                                          | 74784C                                                                    | 2000-000                                                                                 | L'h               | 000000                                  | 200X     |                                                            |                   |                     |             |
|          | 00 3D30    | real Mingel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (REALMON)<br>UNIT FRICE                     | 7000             | 204,50                   | PYAX                                         | OWNEE                          |                                              | 22.00       |            | SK 501                                                                         | œ                                                            | DEPOSI<br>L                                                               | DARAGE<br>DARAGE TES<br>DARAGE TES                                                       |                   |                                         | HE .     | REI                                                        | EASE              | <u>, ak</u>         |             |
|          | 002000     | 101 Fre S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 700 <u>45.</u> 100                          | 1                |                          |                                              | 743                            |                                              | -           | $\mp$      |                                                                                |                                                              |                                                                           | -                                                                                        | +                 |                                         |          |                                                            |                   |                     | 吕           |
|          |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                  |                          |                                              |                                |                                              | $\square$   | $\top$     |                                                                                | H                                                            |                                                                           |                                                                                          | <del>-</del> -    |                                         |          |                                                            |                   |                     | 計           |
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| II<br>L  | ,          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | $\blacksquare$   |                          |                                              |                                | , ,                                          |             | -          |                                                                                | ·                                                            |                                                                           |                                                                                          |                   |                                         |          | 1                                                          | - 12              |                     | -<br>-      |
|          |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                    | -                |                          |                                              |                                |                                              |             | +          |                                                                                | F                                                            |                                                                           |                                                                                          |                   | }                                       | ·        | +                                                          |                   | <del>,</del>        | 문           |
| 411      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                           | ·                | 104.5                    | d · 0 • 0 t                                  | 2.05.50                        | 0.8 متن                                      |             |            | 1                                                                              |                                                              | F                                                                         |                                                                                          |                   | 4 .                                     |          |                                                            |                   | 린                   | <u> </u>    |
|          | TOTAL      | SERVICEA ROOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | :18<br>************************************ |                  |                          | <u>.                                    </u> | 07.40                          | - miji                                       |             |            | COLUMN<br>PARTE<br>PARTER<br>PARTER                                            | Ď                                                            | ٠,                                                                        | 02/4719<br>1027/102<br>1021/202                                                          | ţ                 | 8 (<br>3 (                              | وي ا     | . Proposition (). I<br>Proposition () in the<br>Company of | rdal', /          |                     | 屋           |
|          |            | DU75330"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                  |                          |                                              |                                |                                              | -           | o In       | CF.FC. TTV-                                                                    | 10                                                           | []                                                                        | 0 15 15 15 15 15 15 15 15 15 15 15 15 15                                                 | 47.163 L          | 3 C                                     | <u> </u> | रका कार<br>हुन्ना क                                        | 77 198 IN         |                     | 8           |
| 4424     | PGII       | <u>Coubratib</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ERGP126                                     | N.O.             | S. PETI                  | ROLEUN                                       | NAPHTHA<br>POG.PEDG.           | NAIN                                         | 93          |            | 17                                                                             |                                                              | 6                                                                         | Ĭ                                                                                        | 503               |                                         | 1/       | 94                                                         | OF THE PERSON     |                     | 18          |
| ,<br>(4) |            | , .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | 1.<br>6          |                          |                                              |                                |                                              |             | $\neg$     |                                                                                |                                                              |                                                                           |                                                                                          |                   |                                         | Ì        |                                                            | ny                | Augustat Tile       | ACKX        |
| L3       |            | ģ.<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             | 1                |                          |                                              | ‡, •                           | f                                            |             |            |                                                                                |                                                              |                                                                           |                                                                                          | ٠.                | П                                       |          |                                                            | 20-21 CE          | _ · · · ·           | BALES !     |
|          | <b>新</b>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | 1                | ,                        |                                              | . 2                            |                                              |             | 17/ 10r    | 7 T N 4                                                                        |                                                              |                                                                           | 1                                                                                        |                   | 1                                       |          | 7                                                          | ranscut.          | > ''                | 8           |
| ¥: :5    | . 60.55    | UED FACILITY NA<br>CENTRAL PAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                  | SAFETY-                  |                                              | SYSTERS.                       |                                              |             | CHEST IN   | AFRICANTESTA<br>BAC (IMMERC) TO<br>CON EN THE FRO                              |                                                              | 25 10-4 TK                                                                | MO INE S                                                                                 | SA EPA<br>SATE ID | DN<br>NO.                               | D. FL    | P964                                                       | 17116             | 2-241               | 3           |
| 7. 1.    |            | s okt []                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOTAL RECENSO                               |                  | LY PAYMENT TO: ;.        | 20000000                                     | EXX: 11                        |                                              | 9452 TO     | HAI DE A   | STA CHARLES<br>LEGISLAND OF<br>COURT FOR Y                                     | MED TO                                                       |                                                                           | ing pr. reg<br>ref or lives<br>in graduat                                                | -                 |                                         | TOTAL C  |                                                            |                   |                     | Ě           |
| 新世       |            | SE SHIKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AUGLOCI ) 14                                | volte a          | AMOUNT I                 | - A.L.A.                                     | LOUIS PROPERTY.                |                                              |             |            | Secretaria es dos<br>Secretarios es es<br>Haracas de Cario<br>Haracas de Cario | 2620<br>1000<br>1000<br>1000<br>1000<br>1000<br>1000<br>1000 | Maries similares<br>Maries American<br>Maries American<br>Maries American | gidaines s.<br>Principal de la la<br>Principal de la la la la la la la la la la la la la |                   | دًا.                                    | TOTAL    |                                                            | <b>1</b>          | A C                 | E 25        |
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|          |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                  |                          |                                              |                                |                                              | 00          | 20         | arl l                                                                          | 2                                                            | 1                                                                         | de                                                                                       | -                 | ֓֡֞֜֞֜֜֓֓֓֓֓֓֡֜֞֜֡֓֓֓֡֡֡֡֡֓֓֓֡֡֡֡֡֡֡֡֡֡ | 001      | 5-5                                                        | 11.1272<br>100-44 | , ~ <del>,</del>    | ;           |
|          |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                  |                          |                                              |                                | THIS AGREENANT CONTINUES ON THE REVERSE SIDE |             |            |                                                                                |                                                              |                                                                           |                                                                                          |                   |                                         |          | -                                                          |                   |                     |             |

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|             | CONTINUEN NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 7 0                                 |              | <u>-                                    </u> | 1                                | 07 321-h                              |               | LY              | 7 T M                     | FE                      | BAU                 |             | 05/2                                             | LZO)                       | - T               | 13<br>\$*          | C NOVE IN                |                                                         | ODGL           | 06 15       |              |
| ប<br>ថ្ងៃ   | BYNACS<br>STEVE CRAWFORD<br>BLDG K7-505 LEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7 1964 /                              | re ha        | FAV TOLO                                     |                                  | CAPE CAN:<br>PO BOX 2:<br>DOBOX 2:    | 1087          | FI              | . 92                      | 5 <b>A</b> 1.           | Į,                  |             | • •                                              |                            | 20082<br>0 V      | 4 '                | 197<br>198<br>198<br>198 | B.H.N<br>19.34(77<br>V.E.)                              | IME RE         | 7 00        |              |
|             | SERVICE DATE PARE NO ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FL B2635                              | · ·          |                                              | 38888                            | OMER PRIORE F                         | ئند ، حب      | C INT           |                           | , <b>-</b> - <b>-</b> - | PRINCES             |             | 7 64                                             |                            |                   | 3)23               | 1103                     | E N É                                                   | IPY            |             | <u>33</u> 8  |
|             | 7/74/1 24/40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CONT. DEC                             |              | WINGS                                        |                                  | 867-4423                              | דַּסַנַ       |                 |                           | 15                      | Colue               | P           | 1 20                                             | er :                       | , D.L.            | 1                  | 1.0                      |                                                         |                |             | _            |
|             | MINOR SERVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PERMAPON<br>UNIT PRICE                | OUAN.        | CHANGE.                                      | SALES<br>SALES                   | TOTAL<br>CHARGE                       | WASTE)<br>LON |                 | 50.VS                     |                         | SEK EACH            | œ           | 20 PM                                            | 249-25<br>249-25<br>249-25 | er   100 m        | Ŀ                  | PROLE                    | REI                                                     | LEASE          | NO.         | 1929 C       |
|             | 0030300 30216765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | ]            | 304,50                                       | 0,00                             |                                       | 0.0           | 1               |                           | 1                       | 801                 |             | 14                                               |                            |                   | E                  |                          |                                                         |                |             | 位;           |
|             | 30700001 English                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 900 مي دري                            | 9            |                                              |                                  | 7,45                                  |               |                 | $\Box$                    | _                       |                     |             |                                                  |                            | <del> </del>      | ╄                  | <u> </u>                 |                                                         | 71.1.1         |             | 묶            |
|             | <del>                                    </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <del>}</del> |                                              | <del> </del>                     | ·                                     | <del></del>   | -               | $\dashv$                  | -                       |                     | H           | $\vdash$                                         |                            | ╁                 | +-                 |                          | +                                                       | <del>.</del>   |             | 出;           |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                              | 7            |                                              | <del></del>                      |                                       | <del></del>   |                 |                           | 十                       | 1                   | П           | <u> </u>                                         | _                          | -+-               | +                  |                          | +                                                       |                |             | 情            |
|             | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |              |                                              |                                  | i                                     |               |                 |                           |                         |                     |             |                                                  |                            |                   | I                  |                          | 167                                                     | - 15 9         |             |              |
|             | \ <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                           | 1            |                                              |                                  | L                                     | <del></del>   | H               | <b>├</b>                  | _                       |                     | <b> </b>    |                                                  |                            | <u> </u>          | 1                  | <u> </u>                 | ¥ 2 .                                                   |                | A Mon.      | 무            |
| ï.          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | +            |                                              |                                  |                                       | <u> </u>      | Н               | -                         | }                       |                     |             | <del>                                     </del> | <del>-</del>               | +                 | ŧ                  | <b>├</b>                 | + -:                                                    |                | <u></u>     | 묾            |
| <u> </u>    | ` <del>                                     </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · · | ****         |                                              |                                  |                                       |               | ╀┈┤             | ┝╌┞                       | ─f                      |                     | Н           | H                                                |                            | +                 | +                  | <del> </del>             | +                                                       | <del></del>    | . •         | 愷            |
| <br>គ<br>សា |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                              |              |                                              | l                                |                                       |               |                 | -                         | ***                     |                     | H           |                                                  |                            | $\neg$            | +                  |                          | ^ <b>†</b> ` '                                          |                | <del></del> | 置            |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I                                     |              | ·                                            |                                  |                                       |               | T               |                           |                         |                     |             |                                                  |                            |                   | 1                  |                          |                                                         |                | ,           | Ţ            |
|             | TOTAL SERVICE PRODUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TS                                    | -            | 304.50                                       | ] · G. O(                        | 104.50                                | O •           | 1 491           | ere<br>Per                | Til I                   |                     | æss<br>[7]  | HAZH T                                           |                            |                   |                    | . –                      | का जननंद                                                |                | ÞŐ          |              |
|             | \$CR000075330"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |              | Charles in the l                             |                                  |                                       | <b>3</b> 7    |                 |                           | 10/4                    | - 1490              | Ė.          | []                                               | CONTRACTOR  FOR CONTRACTOR | 80E               |                    | <u> </u>                 | e Period et !<br>Press al sac<br>Press sac<br>Press sac | मर<br>१७       | و م<br>مرکر |              |
|             | 17.48 DOT DESCRIPTION (MCLU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAG PROPER SERPE                      | PIG NA       | E HAZAFO OLAS                                | S. AVED 80.)                     | · · · · · · · · · · · · · · · · · · · | - 1           | ·               | 1000                      | CEIT.                   | а <del>1314</del> . |             | M. uch                                           | 2007                       |                   | 1 9                | 1870                     | 5 5 32                                                  | TET TENT       | er init     | - 8          |
| š           | LIBITZUBNOS BYZAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |              |                                              |                                  | NÄPHTBA                               | NAID          | 93              | <b>"</b> '†               | 7                       |                     |             | -                                                |                            | 301               | 1 1                |                          |                                                         | TO DE 1        |             | ΙŠ           |
| 2           | PE III RA BOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ERG#126                               | 6.7          | LBS/GAL                                      |                                  | <u> 1039,004</u>                      | <u> </u>      |                 | _'                        |                         | 17                  |             |                                                  |                            |                   | $oldsymbol{\perp}$ |                          | L Common                                                | nlv            | H           | 70           |
| n<br>U      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4541                                  |              | ·<br>                                        |                                  |                                       | 1             |                 |                           |                         |                     |             |                                                  |                            |                   | $\coprod$          | Ŀ                        | _                                                       | 4712           |             | ACKA         |
| 4.5.        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | į            |                                              |                                  | <u>.</u>                              | . <u>}</u>    |                 |                           |                         |                     |             |                                                  |                            | ٠.                |                    |                          |                                                         | ارت<br>افل مود |             | 8            |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 1            |                                              |                                  | . 2                                   |               |                 | 17                        | Y                       |                     | _:          |                                                  |                            |                   | 1.                 |                          | ļ ļ.                                                    |                |             | 1881         |
| <u>ਬ</u>    | DESCRIPTION FACILITY WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |              | SAFETY-                                      |                                  | SYSTERS                               |               | •               | CHARLES<br>STICK<br>STICK |                         | NO LATERIAL I       |             |                                                  |                            |                   |                    |                          | PAPE                                                    | 17111          | 24.1        | .]∰.:        |
| j.          | SAUPTENTRAL PARI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | T:           | SANFORD                                      | - (水学) (11)<br>  <b>(0000000</b> | FL 32                                 | 77.b }        | لب              | PERSONAL PROPERTY.        | 46                      | e ne me             | <b>997</b>  | B-ST                                             | 9 PF 8                     |                   |                    |                          |                                                         | PODOGRA        | 200 Marian  | , W          |
|             | Si Plan Happe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITTAL PECENTED                       |              | LY FATRODIT TO: .v.                          |                                  | EXX: 1111                             | 888888 I      | THE TO          | HOE OF                    | E NORTH                 | e o word in         | 100         | CANAGE STATE                                     | a) pri.ng.                 | -                 |                    | TOTAL                    | 2006                                                    |                |             | IJĚ          |
| 8           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 間蓋           | CONTROL OF PRESENT                           |                                  | TORMS NO.                             | <u>,∵~  }</u> | MARKET TO       | N NO                      |                         | er horsenson a      | ALIO D      | s re d                                           |                            |                   | <b>3</b> [3        | PROM                     |                                                         |                |             | 9 <b>9</b> . |
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| ij,         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <b>4</b>     |                                              |                                  | J-45                                  |               |                 | Nac                       | -1/                     | . D.                | V           | 12/2                                             | 40                         | )<br>V v ž        |                    | <u> </u>                 |                                                         | THE MEAN       | GLOPE       | _            |
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|         | .82       | <u> </u>        |                       | STUS               |                 |                |            |                  | (د             | ٠,-          |             |             |             |                 | ı               | FOF          | 997        | OE CA                                                         | ա լ                                    |                       | 571             | MAC)          | 4 324          | NACED I                                                              |                        | l m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IC. EX          | a I            | 80       | eare.                   |                       | (2) (2)       |              | 00000C         | Zo'xuux                                          | <del>50550</del>                              |
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| ø       | N         | = 1 NE 7        |                       |                    |                 |                |            | _                |                |              |             |             |             |                 | <b>CONTRACT</b> |              |            | 10:                                                           | !-47                                   |                       |                 |               |                |                                                                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                | E        | <del></del>             |                       |               |              | NI U           | a abiez                                          | 11                                            |
| a)<br>O |           | BINEX<br>STEVE  | F                     | a Mir              | nen:            |                |            |                  |                |              |             |             |             |                 |                 | 914          |            |                                                               |                                        |                       |                 |               | _              | -                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | ľ              | TIPE     | 1                       | 26AM                  |               |              | SMC PAG        | Pho                                              | W                                             |
| _       |           | BLDG            | μŢ.                   | `<br>`             | LF              | FT             | 491        | F 2.             | / 2            | E N          | MET         | 17          | C# 4 4      | T.E             | - 1994          | PU           | נרפ<br>ייי | -21                                                           | 007                                    |                       |                 |               |                | _                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                | C 4      |                         | ים נ                  | Ţ             | FS           | 46             | 1 0                                              | <b>71</b> #                                   |
|         | 100       | LAPP            | LAR                   | 4 T X I            | <u> </u>        | FL             | 3          | 2 / L            | <u>.5</u>      |              |             | _           | · -         |                 |                 | LAR          |            |                                                               | M T W                                  | A1. ,                 | . r             | 77            | 771            |                                                                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | -              | _        | XLA IA                  |                       | ╁╾            |              |                | NOK NO.                                          |                                               |
|         | 26        | PATE DATE       |                       |                    | ···             |                |            | CLAST            |                | PO           | M Re        | <b>28</b> . |             |                 | C.E.            | 040          | PHO        | E#                                                            |                                        | TAJ                   | 60              | Œ             |                | MAGA PE                                                              | Т                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Aug.            | - L            |          | 1 3 E                   |                       | <br>1.8.1     | EAP          | ·              | UCT TAK                                          | 75                                            |
|         | 400       | 73/X            |                       | ALM ALM BU         |                 | -              |            | 797              | egergie.       | است          | ٠.          |             | *******     |                 | <u> 107-</u>    | 16           | - 44       | 23                                                            | 12                                     | -02                   | <del>}-</del> ' | 744           | FŠ             | L                                                                    | H                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b></b>         |                | IJЬ      |                         | <del>1.</del>         |               | <del>~</del> | - 2b           | 3Ç1 195                                          |                                               |
|         | Œ.        | PRODUCT         |                       | _                  | BER             |                | 7 77.      | erk<br>u         | ) /<br>  [ ] } | <b>SUL</b>   | ı           | CHA         | NOE:        |                 | ALES.           |              | TUTAL      | ï                                                             | <b>WAST</b>                            |                       |                 |               |                | <u> </u>                                                             | CC.                    | DESTRUCTION OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF T |                 | - W            | 2        | 1                       | FROM                  |               | -            |                |                                                  | HEER (                                        |
|         | 10        | 30300           |                       |                    | 57A             |                |            |                  | 1.1.           | <del>ا</del> | ╁╴          | 100         | 5 . S       | <del></del>     | TAX<br>Da C D   | _            | ПЧ         |                                                               | BANK                                   | חיינ                  |                 |               |                | DK DOT                                                               |                        | 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | CETEM<br>NOTE: | 2        |                         | 40.                   | K             | FLE          | 45E            | NO.                                              | Grace II                                      |
|         | 10        | 10000           | Į.                    |                    |                 |                |            | 7,9              | <u>rrin</u>    |              | 7           | <u> </u>    |             | ┪┈              | Je U            | <u> </u>     |            | <del>74</del> -                                               | _ U s t                                | - 12                  | ╬               | 2-{           | 3              | <u></u>                                                              | 1                      | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del> </del>    | <del> </del>   |          | <b>↓</b> ∤              |                       | <del> </del>  | —. <u>-</u>  |                |                                                  |                                               |
|         |           | ~               | -                     |                    | _               | 1-             |            |                  |                |              | L           |             |             |                 |                 |              |            |                                                               |                                        | $\top$                | †               | 7             | ╡              |                                                                      | 1                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ł—              | ╁              | ╀        | ╀┤                      |                       | +             |              |                |                                                  | <del>[무</del> 분                               |
|         | -         | <i>)</i> —      | +                     |                    |                 | ╀              | -          |                  | -              | <u> </u>     | ╄           |             |             |                 |                 |              |            | [                                                             |                                        |                       | İ               | $\exists$     |                |                                                                      | П                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ┢               | ✝              | 1        | 1                       |                       | +             | —-           | <del></del>    |                                                  | 음                                             |
|         |           | 150.            | _                     |                    | _               | ╁╌             |            |                  |                | ┢─           | ╁           |             | <u> </u>    | <del> </del>    |                 | <u> </u>     |            | -                                                             |                                        | ╇                     | 7               | 4             | _              |                                                                      | П                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |          |                         |                       |               |              |                |                                                  | <del>ऻ</del>                                  |
|         |           |                 | -                     |                    |                 | İ              | - \-       |                  |                | -            | 十           |             |             | ┥               | -               |              |            |                                                               |                                        | +                     | +               | +             | +              |                                                                      | ┦                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>!</b>        |                | <u> </u> | $\downarrow \downarrow$ |                       | $\bot$        | -7-          | <u>:</u> .     | ٠                                                |                                               |
| ۴       | _         |                 | 4                     |                    |                 | T              |            |                  |                |              |             |             |             | !               |                 |              |            |                                                               |                                        | 十                     | ╁               | ╌┼            | -              |                                                                      | ╌┪                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -               |                | -        | ┼┼                      |                       | +             | 4.           |                |                                                  | 口                                             |
| Ξ,      | $\exists$ |                 | -                     |                    |                 | <del> </del>   |            |                  |                | <u> </u>     | Ľ           |             |             |                 |                 |              |            |                                                               |                                        | $\top$                | †               | 1             | ┪              |                                                                      | ╅┪                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\vdash$        |                | _        | ╁                       |                       | +             |              |                | <del>.                                    </del> | 吊                                             |
| å       |           |                 | +                     |                    |                 | ┼-             | ·          |                  |                | —            | ╄           |             |             | ļ. <u> </u>     |                 |              |            |                                                               |                                        | Ī                     | 1               |               |                |                                                                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                | <u> </u> | ┸                       | _                     | ┿             | <del>-</del> | <del>-</del> - | <del></del> -                                    | 片                                             |
| Ø       | 77        |                 | _                     |                    |                 | ┿┈             |            |                  |                |              | ╁           | —           |             | ├—              |                 | _            |            | -                                                             | <u> </u>                               | 1                     | 1               | 1             | _[             |                                                                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |          |                         |                       |               | _            |                |                                                  | t <del>ä</del>                                |
|         | <u> </u>  | <b>37Å</b> L-58 | avic                  | E.Ph               | COUC            | 75             |            |                  |                | ٠.           | $\vdash$    | 134         | 59          | ŗ               | <u> </u>        | Ł            | D4.        | ₹ht-                                                          | 0.0                                    | <u>.</u>              | ČDK SE          | -⊥            |                |                                                                      |                        | ACTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L               | LI             | L        | Ц                       |                       | $\perp$       |              |                |                                                  |                                               |
|         | 388       | 883338668       |                       |                    |                 |                |            |                  |                |              | L           |             |             |                 | ]               |              |            | -T`.                                                          |                                        | i Arr                 | 1200            | ;             |                | 6 2007km                                                             | ⅎ                      | Ð                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1544 E          |                | Ē        |                         |                       |               | Bu da.       |                | ãŏ                                               | €                                             |
|         | 23        | RODOO           | 72                    |                    | 50 (A           | ur)            | r de       | O                | 134            | 7            | Æ           | 442         | A Part      | <del>4.</del> 4 | 14,24           | N.           |            | açı is                                                        | नेरिश                                  | <u> </u>              | - 1             | + '           | -              |                                                                      | u'                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SERVICE SERVICE | ( B            |          | _                       | -                     | APR 1         |              |                |                                                  | <u></u>                                       |
|         |           | US not be       |                       |                    |                 | DEN 2          | TO YE      | CO Pa            |                | P BLAK       | <u>_</u>    | 174         |             |                 |                 |              |            |                                                               |                                        |                       | <u>L</u>        |               |                |                                                                      |                        | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 TE 182        | NO COL         | 4        |                         | -                     | F 70.64       |              |                | of D                                             | SME                                           |
| 2       |           | FTE CO          | 46                    | UST                | <b>የ</b> ጋዊ ያ   | * L:           | 1 TÜ       | IID.             | . 4            | <u>- 0 -</u> | <b>\$</b>   | 70          | FFE         | řin s           | TUN I           | JAP.         | ити.       | 2 1 (                                                         | L 4 1.9                                | 9.5                   | 1               |               |                | TE TOTAL                                                             |                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E.              | ET (LA         |          | SL                      | 110                   |               |              | THE RE         |                                                  | Q                                             |
| 3       | G         | <u> </u>        | 9                     | <b>(00</b>         | 911             | (FI            | <b>104</b> | <u>L7</u>        | UЪ             | ,7           | LB          | 5/6         | AL          | ( 00            | 19,6            | )Ü 3'        | 9 6        | ֓֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֜֞֜֞֜֞֜֜֞֜֜֞֜֜֜֝֓֓֓֓֓֜֜֝֜֝֓֓֜֜֝֜֝֜֜֝֡֜֝֡֡֡֜֝ | <br>}                                  | 7 1                   |                 | 1             | 74             |                                                                      |                        | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l               | 3.0            | ןנו      |                         | 11                    | 12            | Maria.       | PE 10          | T-TENERO                                         | 둫                                             |
| ទូ      |           | ) '             | ,                     |                    |                 |                |            | 2                | ,              |              |             |             |             |                 |                 |              |            |                                                               | -                                      |                       | H               | ╁             | _              |                                                                      |                        | <del>  -</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | +               |                | -        | +                       | ╈╂                    | -∤"           |              |                |                                                  | CHO.                                          |
| ص<br>م  | —         | <u> </u>        |                       |                    |                 |                |            |                  |                |              |             |             |             |                 |                 |              | _          |                                                               |                                        |                       |                 | Ĺ             | [              |                                                                      |                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ı               |                | ı        | 1                       | ΙĒ                    | - E           |              | i ta na        | لي                                               | Š                                             |
| 4       |           | - AA<br>Ka      |                       |                    |                 |                |            |                  |                |              |             |             |             |                 |                 |              |            |                                                               | •                                      |                       |                 | ſ             |                |                                                                      |                        | Τ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Γ.              |                |          | T                       | $\Box$                | ヿ゙            |              |                | _                                                |                                               |
|         | -         | J.              |                       |                    | _               |                |            |                  |                |              |             |             |             |                 |                 | —            |            |                                                               |                                        | _                     | <u> </u>        | +             | - 4            |                                                                      |                        | <del> </del> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ļ. <u>.</u>     |                | _        |                         | $\bot$                | =             |              | OPA, O         | 404                                              | <b>5</b>                                      |
| м       |           | AND ATTEN       | PE                    | <del>*** ***</del> | <del>-</del>    | <del>-</del> - |            |                  |                |              |             |             |             |                 |                 |              |            |                                                               |                                        |                       | i               | 1.            | ŀ              |                                                                      |                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                |          | ļ                       | 11                    | - i           |              |                | _                                                | D 8.AL                                        |
| ij      | 51        | GATE:           | TO                    | A III III          | PARTY.          | E AN           |            | JUHE<br>e        | ESS            |              | SAI         | FFT         | <b>∀-</b> ★ | LFE             | N 51            |              |            |                                                               |                                        |                       |                 | - L           | HET NO         | MATERIAL O                                                           | NAME OF TAXABLE PARTY. | FIRE COLD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | USA B          | PA IC    | NO.                     | FLI                   | Star          | 177          | TIL T          |                                                  |                                               |
| =       | ×         |                 |                       | <i>-</i> [         |                 |                | LOBES      |                  |                |              |             | HENT        | RD:         | 7.000           |                 | - 1<br>00000 |            | 32.7                                                          |                                        |                       | 4               |               | ã              | CHARLES OF THE PROPERTY.                                             | -                      | TO THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e ⊤e            | STATE          | ÐΝ       | <del>(1.0/</del>        |                       |               |              | ,,,,,          | $\dashv$                                         | COLOR 14                                      |
| 8       | 8         |                 | دراً ۱۰<br><u>دوا</u> |                    | 4               |                |            |                  |                | tucio        |             |             |             | -{  74          | . 117           |              |            |                                                               | <b>333</b>                             | ध्यस्य हे<br>स्टिकेटन | 100             | THE .         | 1. A10         | Descript p                                                           | क का ।<br>क स्टब्स     | 4 939<br>4 93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 P             | E TELLA        | A)ES     | 1                       | TAL GA                | WE.           |              |                |                                                  | 쭚흏끜                                           |
| ξ,      | ***       |                 |                       |                    | 1_              |                |            |                  |                | <b>444</b>   |             |             |             |                 |                 |              | 32.40      | 5                                                             |                                        |                       | N D             | 2 or<br>Sipri |                | nd anders of<br>Separate of<br>Number 198                            | 104                    | ACTES<br>TO LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19 E            | o produce      | 74E      | 1                       | ANSTE N               | 61 ·          | -            | 97/1           | b : - E<br>   <br>   <br>                        | <b>3</b> 5.00                                 |
| Ä       | 桑         | 30 C            |                       |                    | <del>-}-*</del> | KX.HI          | 1          | $\vdash$         | DOVIE:         | Œ P          | 干           | ANO         | LEGT B      | -][-            | LO#:            | RC.          | , R±       | 4.                                                            | 11 12                                  | *****                 |                 | -             |                | التواقع ما التو<br>مدا ها التواقع التواقع<br>التواقع التواقع التواقع | a and                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | - 1224         |          | -                       | TCM/A                 | <u> </u>      | -            | L TETT         |                                                  |                                               |
| 밚       | 180       |                 | عست                   |                    | ${}^{+}$        |                |            | <del> -</del> -  | _              | —            | +           | —           | <del></del> | ╢               | vares (         |              |            | di e                                                          | ٦k                                     | ~                     | 4               | - ياده        | ٦,             | l Cr                                                                 | 73.3                   | $\mathbb{C}_{\mathcal{L}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                | •        |                         | OTAL C                |               |              | <b>₽</b> 7"    | 0                                                | , <u>, , , , , , , , , , , , , , , , , , </u> |
|         | *         | Post Contract   | - 179                 | V O                | <del>010</del>  | N+             | wie        | <del>ka</del>    | ·              | 3            | E P         | <u> </u>    | 941         | <u> </u>        | DP              |              |            | 02                                                            | الــــــــــــــــــــــــــــــــــــ | 70                    | 릊               |               | <del>,</del> ' | <u>. ~ '</u>                                                         | 700                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                | • .      | ן י                     | O NOT 6               |               |              |                | SPF                                              | iii                                           |
|         | Ł         | <b>k k</b>      | LŁ                    | <u> 1 1 </u>       | <u>, LL</u>     | Ш              | Ц          | Ш                | *              | -24          | 20          |             | П           | )               |                 |              |            |                                                               | <b>3</b>   .                           |                       | <               | £             | <u>.</u>       | ///                                                                  | رر                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1               | P              | ٠.       | <u> </u>                |                       |               | 7057         |                |                                                  |                                               |
|         | 2         | 2000年           | 91                    |                    | ÍΠ              | Π              | 7          | $\overline{\Pi}$ | TĪ             | T            | Ť           | ΪŤ          | 1           | 7               |                 |              |            |                                                               | Br L                                   |                       |                 | #             | - 941          |                                                                      |                        | 2/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -/              | -              | . •      | '                       | خمثات                 |               | 700 <b>-</b> | · 제 역          | -9                                               |                                               |

P4-03 10/E0/SQ NAMBSHMIS YAN CAGG-15E 70/ 106 | 606435315 Ð зl ũ 5 è 9 O 3 4 PARACUS BALANCE 107,40 7P~00PS~5000 VES 0481 OOI KJHIK BINEX C4 0000 PD 80X 21087 STEVE CRAWFORD CAPE CAMAVERAL FL 32815 TAX EXEMPTION NO. OLDG M7-SOS LEFT AREA / KENNEDY SPACE C LOCATION EXEMPT CAPE CANAVERAL FL 32835 313**0**01 REPROCETAN COLLECTIAN PRODUCT TAX DESTRUMBA PHONE A TAX DODG WICE DATE DATE HE HE HE CLETTOMEN P.O. SERVICE 10-025-0945 .ըե .06 , CL 27100 74490 407-4427 ρui asiyasi) CC 15793 BALES TAX TOTAL CHANGE RELEASE NO. C-VIROS NUMBER ±x 007 MPL 130300 104.50 0.00 304.30 o.odn Iv 3021676 ħ 10 000 Fue 150 d. 4.52, 9000 3 50 567 -104-5 ðij TOTAL-SERVICE PRODUCTS ð Ď 107 40 фο CHICA MOD 40.5 KIND 0 ÇI 🗅 O XCK000075150 PENSON NE PORT M. USDOT DESCRIPTION EXCLUME PROPER SHPTERS NAME HOLD CLASS, AND D.)
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S III RØ DOGE ERGELZA 5.7 L65/GAL 5036 T ax stiff HLHESER PETROLEUN NAPHYHA (6 عدم 1018.1939.1040 • ٠. -DOWNER OF THE STATE DING. FLD 84178165 **ESIGNATED FACILITY NAME AND ACCRESS** ZAFETY-KLEEN SYSTEMS. INC. FL 32771 LOG CENTRAL PARK BRIVE SAMFORD Ċ HEXMS APPLY PAYRESAT TO: PODUL COUPOR PROCES PEROVE age en in de la company ŝ XXXXX Traver diseases. July de l'Oberta Note l'Oberta PARTE SEL PROM ABOVE 39-54-2981 - **6** LIXEMERRAGE ē 10740 17 29 CHCE I LDR NOT REG 8 TOTAL DUE 8 भस्ता 200≭ CC NOT YOUR OLD E AYEA BELOW \*4 NP-12 -- 225 iii Ni 0004903172 P- ##-08P5-5000

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