

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 12, 2002

CERTIFIED MAIL

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 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.

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 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.

## 1. Article Addressed to:

Chap. Duffy, Corporate Council  
Safety-Kleen Corp  
5400 Legacy Dr  
Cluster 2 Bldg 3  
Plano Texas 75024

## 2. Article Number

(Transfer from) 7001 2510 0001 0820 1693

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

OCD-HW-E-02-0548

## 3. Service Type

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- ☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

HAZARDOUS WASTE

102595-01-M-2503

NOV 14 2002

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STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CENTRAL DISTRICT

3313 MAGUIRE BLVD., SUITE 232  
ORLANDO, FL 32803-376Z

RECEIVED

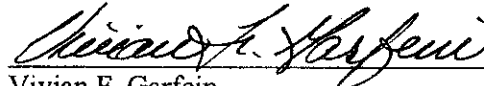
NOV 22 2002

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,



Vivian F. Garfein  
Director of District Management

**FOR THE RESPONDENTS:**

I, \_\_\_\_\_ 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 

## **NOTICE OF RIGHTS**

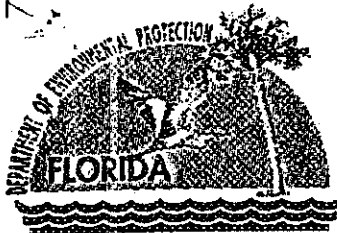
Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and 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

# Department of Environmental Protection

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.

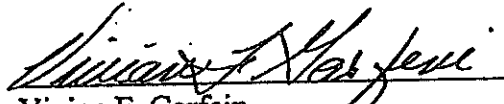
"More Protection, Less Process"

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,

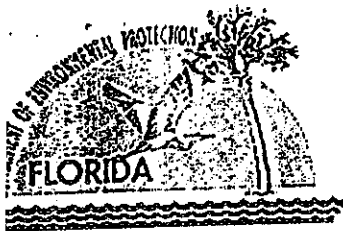
  
Vivian F. Garfein  
Director of District Management

October 11, 2001  
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

NOTIFIED AS: ☐ N/A

### CURRENT STATUS:

- ☐ Non Handler
- ☐ CESQG (<100 kg/mo.)
- ☐ SQG (100-1000 kg/mo.)
- ☐ Generator (>1000 kg/mo.)
- ☐ Transporter
- ☐ Transfer Facility
- ☐ Interim Status TSD Facility
- ☒ TSD Facility
- Unit Type(s): Storage
- ☐ Exempt Treatment Facility
- ☐ Used Oil:

- ☐ Non Handler
- ☐ CESQG (<100 kg/mo.)
- ☐ SQG (100-1000 kg/mo.)
- ☐ Generator (>1000 kg/mo.)
- ☐ Transporter
- ☐ Transfer Facility
- ☐ Interim Status TSD Facility
- ☒ TSD Facility
- Unit Type(s): Storage
- ☐ Exempt Treatment Facility
- ☐ Used Oil:

2. APPLICABLE REGULATIONS:

- ☐ 40 CFR 261.5
- ☐ 40 CFR 265
- ☐ 40 CFR 279

- ☐ 40 CFR 262
- ☐ 40 CFR 266
- ☐ 62-710, FAC

- ☐ 40 CFR 263
- ☒ 40 CFR 268
- ☒ 62-730, FAC

- ☒ 40 CFR 264
- ☐ 40 CFR 273
- ☐ 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

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](http://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 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.

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:

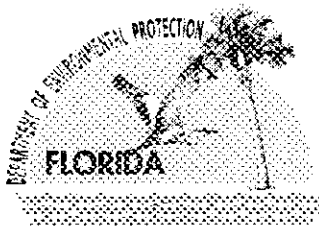
At the time of this File Review Safety-Kleen, Sanford was regulated as a permitted hazardous waste storage facility, generator, transporter, and transfer facility and was not in compliance.

Report Prepared By:

  
John White

Environmental Specialist

Date: October 10, 2001



# Department of Environmental Protection

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 24<sup>th</sup> 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

*(Return Printed Copy, Use Properly)*

## SENDER COMPLETE THIS SECTION

- ☒ 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.

1. Article Addressed to:

Math Hedrick mcp  
Safety Klean Corp  
5309 24th Ave South  
Tampa FL 33619

2. Article Number

(Transfer from ser)

7001 2510 0001 0820 1860

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *M. Hedrick* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

OC D-HW-02-0503

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2507

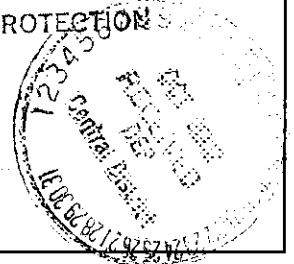
UNITED STATES POSTAL SERVICE



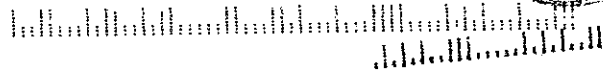
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CENTRAL DISTRICT  
2319 MAGUIRE BLVD., SUITE 232  
ORLANDO, FL 32803 - 3767



0 33





Jeb Bush  
Governor

# Department of Environmental Protection

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, Squitiero & Faust, P.A.  
First Ft. Lauderdale Place  
100 N.E. Third Avenue, Suite 280  
Ft. Lauderdale, Florida 33301

OCD-HW/E-02-0203

Seminole County – HW  
Safety-Kleen Sanford  
FLD984171165

*EXTENSION TO ME 7/16/02  
ON 6/2/02*

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"

Printed on recycled paper.

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

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only. No insurance coverage provided)

7000 1530 0002 1948 844 3764

*Kenneth L. Bednar*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
 Here  
**JUN - 8 2002**

Sent To  
*Matz Barron / guitars Teust*  
 Street, Apt. No., or PO Box No.  
*First St. Lauderdale Place*  
 City, State, ZIP+4  
*100 NE Third Ave. Ft. Lauderdale*  
 PSN 7000 1530 0002 1948 844 3764



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 occurred 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 printouts 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.

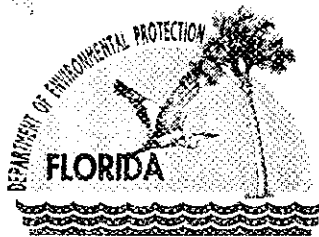
We hope that this plan is satisfactory. If you have any questions or concerns, please call me at (813) 682-1176.

Sincerely,

*Victor L. San Agustin*

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 4, 2002

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

OCD-HW/E-02-0204

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.

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).

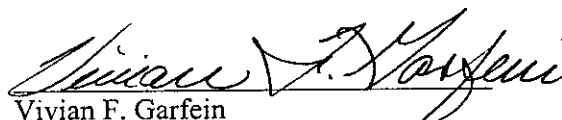
The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "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.

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.

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 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,

  
Vivian F. Garfein  
Director of District Management

**FOR THE RESPONDENTS:**

I, \_\_\_\_\_ 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 

SFCO/April2002

## NOTICE OF RIGHTS

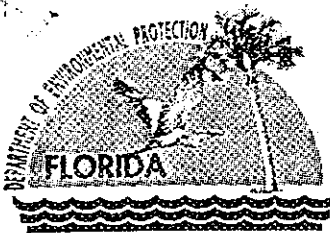
Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and 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

# Department of Environmental Protection

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.

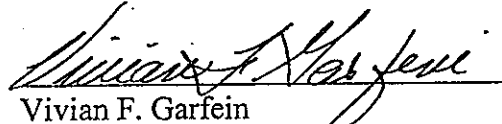
"More Protection, Less Process"

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

October 11, 2001  
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

NOTIFIED AS: ☐ N/A

### CURRENT STATUS:

- ☐ Non Handler  
☐ CESQG (<100 kg/mo.)  
☐ SQG (100-1000 kg/mo.)  
☐ Generator (>1000 kg/mo.)  
☐ Transporter  
☐ Transfer Facility  
☐ Interim Status TSD Facility  
☒ TSD Facility  
Unit Type(s): Storage  
☐ Exempt Treatment Facility  
☐ Used Oil:

- ☐ Non Handler  
☐ CESQG (<100 kg/mo.)  
☐ SQG (100-1000 kg/mo.)  
☐ Generator (>1000 kg/mo.)  
☐ Transporter  
☐ Transfer Facility  
☐ Interim Status TSD Facility  
☒ TSD Facility  
Unit Type(s): Storage  
☐ Exempt Treatment Facility  
☐ Used Oil:

2. APPLICABLE REGULATIONS:

- ☐ 40 CFR 261.5 ☐ 40 CFR 262  
☐ 40 CFR 265 ☐ 40 CFR 266  
☐ 40 CFR 279 ☐ 62-710, FAC

- ☐ 40 CFR 263 ☒ 40 CFR 264  
☒ 40 CFR 268 ☐ 40 CFR 273  
☒ 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

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](http://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 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.

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.

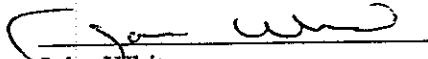
Recommended Corrective Action

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

Sent Via Certified Mail  
Tracking # 7099322000104929

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

SAFETY-KLEEN CORP.

600 CENTRAL PARK DRIVE

SANFORD, FL 32771

407/321-6080

FAX 407/321-0065



## HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports



## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

1 0 / 0 7 / 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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 &amp; no.)

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 reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

## A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

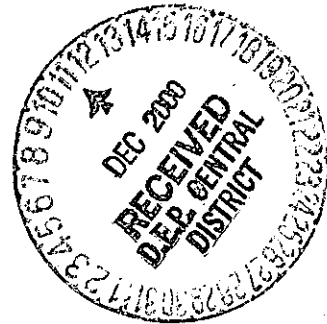
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

FACILITY REPORT - PARTS B & C														
FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received				XVI. TYPE OF REPORT (enter an X)					XVII. FACILITIES EPA ID NO.				
	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>-</span> <span>19</span> </div> </div>				<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C					<div style="border: 1px solid black; padding: 2px;">           FL D 9 8 4 1 7 1 1 6 5         </div>				
	2. Received By													
XVIII. GENERATORS EPA ID NO.					XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)									
<div style="border: 1px solid black; padding: 2px;">           FL R 0 0 0 0 2 3 0 5 1         </div>					TRANSCO TRANSMISSION  440 NORTH HIGHWAY 434 ALTAMONTE SPRINGS, FL 32744									
XIX. GENERATOR NAME (specify)														
TRANSCO TRANSMISSION														
XIX. WASTE IDENTIFICATION														
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE									
1	Hazardous Waste, Liquid, N.O.S. 9 NA 3082 PG III (ERG # 171)	D 0 3 9	S O 2	2 6 6	P									
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
XXII. COMMENTS (enter information by line number - see instructions)														
Waste was shipped from the generator's location to the Sanford Service Center without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford service center with other parts washer solvents and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for processing/treatment.														



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

SAFETY-KLEEN CORP.

5610 ALPHA DRIVE

BOYNTON BEACH, FL 33426

561/736-1339





# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

<b>1. TYPE OF HAZARDOUS WASTE REPORT</b>	
<b>PART A: GENERATOR ANNUAL REPORT</b>	
THIS REPORT IS FOR THE YEAR ENDING DEC 2 0	
<b>PART B: FACILITY ANNUAL REPORT</b>	
THIS REPORT IS FOR THE YEAR ENDING DEC 2 0	
<b>PART C: UNMANIFESTED WASTE REPORT</b>	
THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)	1 2 / 0 4 / 1 9 9 9

<b>II. INSTALLATION'S EPA ID NUMBER</b>	F L D 9 8 4 1 7 1 1 6 5
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<b>III. NAME OF INSTALLATION</b>	S A F E T Y - K L E E N S Y S T E M S , I N C .
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<b>IV. INSTALLATION MAILING ADDRESS</b>	6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1
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<b>V. LOCATION OF INSTALLATION</b>	6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1
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<b>VI. INSTALLATION CONTACT</b>	NAME (last and first) R A Y Z I M M E R M A N PHONE NO. (area code & no.) 4 0 7 3 2 1 6 0 8 0
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<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>	
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<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>	
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	
\$	\$

<b>IX. CERTIFICATION</b>	
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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.	

A. Print or Type Name

B. Signature

C. Date Signed

FACILITY REPORT - PARTS B & C									
FOR OFFICIAL USE ONLY (Items 1 & 2)	1. Date Received		XVI. TYPE OF REPORT (enter an X)			XVII. FACILITIES EPA ID NO.			
	- - - - 19		<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C			FLD984171165			
	2. Received By								
XVIII. GENERATORS EPA ID NO.			XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)						
NUMBER APPLIED FOR			BREVARD FIRE RESCUE FLEET						
XIX. GENERATOR NAME (specify)			351 WENNER WAY						
BREVARD FIRE RESCUE FLEET			COCOA, FL 32926						
XIX. WASTE IDENTIFICATION									
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE				
1	Hazardous Waste, Liquid, N.O.S. 9 NA 3082 PG III (ERG # 171)	D039	SQ2		43	P			
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
XXII. COMMENTS (enter information by line number - see instructions)									
Waste was shipped from the generator's location to the Sanford Service Center without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford service center with other parts washer solvents and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for processing/treatment.									

**Use this form as a cover for all required reports.**

## 1. TYPE OF HAZARDOUS WASTE REPORT

**PART A: GENERATOR ANNUAL REPORT**

THIS REPORT IS FOR THE YEAR ENDING DEC 2 0

**PART B: FACILITY ANNUAL REPORT**

THIS REPORT IS FOR THE YEAR ENDING DEC 20

## PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0	9	/	0	7	/	1	9	9	9
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## 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 E M S ,   I N C .

## IV. INSTALLATION MAILING ADDRESS

6	0	0		C	E	N	T	R	A	L		P	A	R	K		D	R	I	V	E
---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---

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.)**

R	A	Y		Z	I	M	M	E	R	M	A	N
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4	0	7		3	2	1		6	0	8	0
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## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

### VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

#### A. COST ESTIMATE FOR FACILITY CLOSURE

**\$**

**\$**

## IX. CERTIFICATION

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**A. Print or Type Name**

**B. Signature**

C. Date Signed

FACILITY REPORT - PARTS B & C									
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	- - - - 19		<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C			FLD984171165			
	2. Received By								
XVIII. GENERATORS EPA ID NO.			XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)						
NUMBER APPLIED FOR			BREVARD FIRE RESCUE FLEET						
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FACILITY REPORT - PARTS B & C									
FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received		XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C			XVII. FACILITIES EPA ID NO. <div style="border: 1px solid black; padding: 2px;">FLD984171165</div>			
	2. Received By								
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<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 20px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>              THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> / <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> / <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> </div>
<b>II. INSTALLATION'S EPA ID NUMBER</b> <span style="border: 1px solid black; padding: 0 5px;">F</span> <span style="border: 1px solid black; padding: 0 5px;">L</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> <span style="border: 1px solid black; padding: 0 5px;">8</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">5</span>	
<b>III. NAME OF INSTALLATION</b> <span style="border: 1px solid black; padding: 0 5px;">S</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">F</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">T</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">-</span> <span style="border: 1px solid black; padding: 0 5px;">K</span> <span style="border: 1px solid black; padding: 0 5px;">L</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">N</span> <span style="border: 1px solid black; padding: 0 5px;">S</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">S</span> <span style="border: 1px solid black; padding: 0 5px;">T</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">S</span> <span style="border: 1px solid black; padding: 0 5px;">,</span> <span style="border: 1px solid black; padding: 0 5px;">I</span> <span style="border: 1px solid black; padding: 0 5px;">N</span> <span style="border: 1px solid black; padding: 0 5px;">C</span> <span style="border: 1px solid black; padding: 0 5px;">.</span>	
<b>IV. INSTALLATION MAILING ADDRESS</b> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">C</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">N</span> <span style="border: 1px solid black; padding: 0 5px;">T</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">L</span> <span style="border: 1px solid black; padding: 0 5px;">P</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">K</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">I</span> <span style="border: 1px solid black; padding: 0 5px;">V</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">S</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">N</span> <span style="border: 1px solid black; padding: 0 5px;">F</span> <span style="border: 1px solid black; padding: 0 5px;">O</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">,</span> <span style="border: 1px solid black; padding: 0 5px;">F</span> <span style="border: 1px solid black; padding: 0 5px;">L</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">1</span>	
<b>V. LOCATION OF INSTALLATION</b> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">C</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">N</span> <span style="border: 1px solid black; padding: 0 5px;">T</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">L</span> <span style="border: 1px solid black; padding: 0 5px;">P</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">K</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">I</span> <span style="border: 1px solid black; padding: 0 5px;">V</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">S</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">N</span> <span style="border: 1px solid black; padding: 0 5px;">F</span> <span style="border: 1px solid black; padding: 0 5px;">O</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">D</span> <span style="border: 1px solid black; padding: 0 5px;">,</span> <span style="border: 1px solid black; padding: 0 5px;">F</span> <span style="border: 1px solid black; padding: 0 5px;">L</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">1</span>	
<b>VI. INSTALLATION CONTACT</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>NAME (last and first)</b>  <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">Y</span> <span style="border: 1px solid black; padding: 0 5px;">Z</span> <span style="border: 1px solid black; padding: 0 5px;">I</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">E</span> <span style="border: 1px solid black; padding: 0 5px;">R</span> <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;">N</span> </div> <div style="width: 35%;"> <b>PHONE NO. (area code &amp; no.)</b>  <span style="border: 1px solid black; padding: 0 5px;">4</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">8</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> </div> </div>	
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> <div style="height: 100px; border: 1px solid black;"></div>	
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>  <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <div style="border: 1px solid black; padding: 0 5px; flex-grow: 1;"> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> </div> </div> </div> <div style="width: 45%;"> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <div style="border: 1px solid black; padding: 0 5px; flex-grow: 1;"> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> </div> </div> </div> </div>	
<b>IX. CERTIFICATION</b> <p>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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>A. Print or Type Name</b> </div> <div style="width: 33%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>B. Signature</b> </div> <div style="width: 33%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>C. Date Signed</b> </div> </div>	

FACILITY REPORT - PARTS B & C									
FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received			XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C			XVII. FACILITIES EPA ID NO.  F L D 9 8 4 1 7 1 1 6 5		
	2. Received By								
XVIII. GENERATORS EPA ID NO. NUMBER APPLIED FOR				XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)					
XIX. GENERATOR NAME (specify) BREVARD FIRE RESCUE FLEET				351 WENNER WAY COCOA, FL 32926					
XIX. WASTE IDENTIFICATION									
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE				
1	Hazardous Waste, Liquid, N.O.S. 9 NA 3082 PG III (ERG # 171)	D 0 3 9	S Q 2	4 3	P				
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
XXII. COMMENTS (enter information by line number - see instructions)									
Waste was shipped from the generator's location to the Sanford Service Center without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford service center with other parts washer solvents and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for processing/treatment.									

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 20px;">Use this form as a cover for all required reports.</p>	<h3 style="margin: 0;">1. TYPE OF HAZARDOUS WASTE REPORT</h3> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">             THIS REPORT IS FOR THE YEAR ENDING DEC 2 0           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">             THIS REPORT IS FOR THE YEAR ENDING DEC 2 0           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;">             THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 7 / 0 3 / 2 0 0 0           </div>				
<h3 style="margin: 0;">II. INSTALLATION'S EPA ID NUMBER</h3> <div style="border: 1px solid black; padding: 2px;">             F L D 9 8 4 1 7 1 1 6 5           </div>					
<h3 style="margin: 0;">III. NAME OF INSTALLATION</h3> <div style="border: 1px solid black; padding: 2px;">             S A F E T Y - K L E E N S Y S T E M S , I N C .           </div>					
<h3 style="margin: 0;">IV. INSTALLATION MAILING ADDRESS</h3> <div style="border: 1px solid black; padding: 2px;">             6 0 0 C E N T R A L P A R K D R I V E              S A N F O R D , F L 3 2 7 7 1           </div>					
<h3 style="margin: 0;">V. LOCATION OF INSTALLATION</h3> <div style="border: 1px solid black; padding: 2px;">             6 0 0 C E N T R A L P A R K D R I V E              S A N F O R D , F L 3 2 7 7 1           </div>					
<h3 style="margin: 0;">VI. INSTALLATION CONTACT</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%; border-bottom: 1px solid black;">NAME (last and first)</th> <th style="width: 40%; border-bottom: 1px solid black;">PHONE NO. (area code &amp; no.)</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">R A Y Z I M M E R M A N</td> <td style="border: 1px solid black; padding: 2px;">4 0 7 3 2 1 6 0 8 0</td> </tr> </table>		NAME (last and first)	PHONE NO. (area code & no.)	R A Y Z I M M E R M A N	4 0 7 3 2 1 6 0 8 0
NAME (last and first)	PHONE NO. (area code & no.)				
R A Y Z I M M E R M A N	4 0 7 3 2 1 6 0 8 0				
<h3 style="margin: 0;">VII. TRANSPORTATION SERVICES USED (for Part A reports only)</h3> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>					
<h3 style="margin: 0;">VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; border-bottom: 1px solid black;">A. COST ESTIMATE FOR FACILITY CLOSURE</th> <th style="width: 50%; border-bottom: 1px solid black;"></th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">\$</td> <td style="border: 1px solid black; padding: 2px;">\$</td> </tr> </table>		A. COST ESTIMATE FOR FACILITY CLOSURE		\$	\$
A. COST ESTIMATE FOR FACILITY CLOSURE					
\$	\$				
<h3 style="margin: 0;">IX. CERTIFICATION</h3> <p style="font-size: small; margin-top: 5px;">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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">A. Print or Type Name</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">B. Signature</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">C. Date Signed</div> </div> </div>					

FACILITY REPORT - PARTS B & C									
FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received		XVI. TYPE OF REPORT (enter an X)			XVII. FACILITIES EPA ID NO.			
	- 1 9		<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C			F L D 8 8 4 1 7 1 1 6 6			
XVIII. GENERATORS EPA ID NO.			XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)						
NUMBER APPLIED FOR			BREVARD FIRE RESCUE FLEET						
XIX. GENERATOR NAME (specify)			351 WENNER WAY						
BREVARD FIRE RESCUE FLEET			COCOA, FL 32926						
XIX. WASTE IDENTIFICATION									
LINE NUMBER	A. DESCRIPTION OF WASTE			B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE		E. UNITS OF MEASURE	
1	Hazardous Waste, Liquid, N.O.S. 9 NA 3082 PG III (ERG # 171)			D 0 3 9	S C 2			4 3	P
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
XXII. COMMENTS (enter information by line number - see instructions)									
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HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	PART A: GENERATOR ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 20		
	PART B: FACILITY ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 20		
PART C: UNMANIFESTED WASTE REPORT			
THIS REPORT IS FOR A WASTE			
RECEIVED (day/mo/yr) 09/06/2000			
II. INSTALLATION'S EPA ID NUMBER			
FLD984171165			
III. NAME OF INSTALLATION			
SAFETY-KLEEN SYSTEMS, 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.)		
RAY ZIMMERMAN	407 321 6080		
VII. TRANSPORTATION SERVICES USED (for Part A reports 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name	B. Signature	C. Date Signed	

FACILITY REPORT - PARTS B & C														
FOR OFFICIAL USE ONLY (items 1 & 2)		1. Date Received			XVI. TYPE OF REPORT (enter an X)					XVII. FACILITIES EPA ID NO.				
		- 1 9 -			<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C					F L D 9 8 4 1 7 1 1 6 5				
		XVIII. GENERATORS EPA ID NO.			XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)									
		NUMBER APPLIED FOR			BREVARD FIRE RESCUE FLEET									
		XIX. GENERATOR NAME (specify)			351 WENNER WAY									
		BREVARD FIRE RESCUE FLEET			COCOA, FL 32926									
XIX. WASTE IDENTIFICATION														
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1	Hazardous Waste, Liquid, N.O.S. 9 NA 3082 PG III (ERG # 171)				D 0 3 9	S C 2					4 3	P		
2														
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4														
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7														
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10														
11														
12														
XXII. COMMENTS (enter information by line number - see instructions)														
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<b>HAZARDOUS WASTE REPORT</b>  Use this form as a cover for all required reports.	<b>1. TYPE OF HAZARDOUS WASTE REPORT</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>PART A: GENERATOR ANNUAL REPORT</b></td> </tr> <tr> <td colspan="2">THIS REPORT IS FOR THE YEAR ENDING DEC 2 0</td> </tr> <tr> <td colspan="2"><b>PART B: FACILITY ANNUAL REPORT</b></td> </tr> <tr> <td colspan="2">THIS REPORT IS FOR THE YEAR ENDING DEC 2 0</td> </tr> <tr> <td colspan="2"><b>PART C: UNMANIFESTED WASTE REPORT</b></td> </tr> <tr> <td>THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)</td> <td>2 9 / 0 8 / 2 0 0 0</td> </tr> </table>	<b>PART A: GENERATOR ANNUAL REPORT</b>		THIS REPORT IS FOR THE YEAR ENDING DEC 2 0		<b>PART B: FACILITY ANNUAL REPORT</b>		THIS REPORT IS FOR THE YEAR ENDING DEC 2 0		<b>PART C: UNMANIFESTED WASTE REPORT</b>		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)	2 9 / 0 8 / 2 0 0 0
<b>PART A: GENERATOR ANNUAL REPORT</b>													
THIS REPORT IS FOR THE YEAR ENDING DEC 2 0													
<b>PART B: FACILITY ANNUAL REPORT</b>													
THIS REPORT IS FOR THE YEAR ENDING DEC 2 0													
<b>PART C: UNMANIFESTED WASTE REPORT</b>													
THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)	2 9 / 0 8 / 2 0 0 0												
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5													
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .													
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1													
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1													
<b>VI. INSTALLATION CONTACT</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NAME (last and first)</td> <td style="width: 40%;">PHONE NO. (area code &amp; no.)</td> </tr> <tr> <td>R A Y Z I M M E R M A N</td> <td>4 0 7 3 2 1 6 0 8 0</td> </tr> </table>		NAME (last and first)	PHONE NO. (area code & no.)	R A Y Z I M M E R M A N	4 0 7 3 2 1 6 0 8 0								
NAME (last and first)	PHONE NO. (area code & no.)												
R A Y Z I M M E R M A N	4 0 7 3 2 1 6 0 8 0												
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> <div style="height: 100px; border: 1px solid black;"></div>													
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>A. COST ESTIMATE FOR FACILITY CLOSURE</b></td> </tr> <tr> <td style="width: 50%;">\$</td> <td style="width: 50%;">\$</td> </tr> </table>		<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>		\$	\$								
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\$	\$												
<b>IX. CERTIFICATION</b> 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.													
<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">A. Print or Type Name</td> <td style="width: 33%; text-align: center;">B. Signature</td> <td style="width: 33%; text-align: center;">C. Date Signed</td> </tr> </table>		A. Print or Type Name	B. Signature	C. Date Signed									
A. Print or Type Name	B. Signature	C. Date Signed											

FACILITY REPORT - PARTS B & C									
FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received		XVI. TYPE OF REPORT (enter an X)			XVII. FACILITIES EPA ID NO.			
	- - - - 1 9		<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C			F L D 9 8 4 1 7 1 1 6 5			
XVIII. GENERATORS EPA ID NO.			XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)						
NUMBER APPLIED FOR			BREVARD FIRE RESCUE FLEET						
XIX. GENERATOR NAME (specify)			351 WENNER WAY						
BREVARD FIRE RESCUE FLEET			COCOA, FL 32926						
XIX. WASTE IDENTIFICATION									
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE				
1	Hazardous Waste, Liquid, N.O.S. 9 NA 3082 PG III (ERG # 171)	D 0 3 9	S O 2		4 3 P				
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
XXII. COMMENTS (enter information by line number - see instructions)									
Waste was shipped from the generator's location to the Sanford Service Center without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford service center with other parts washer solvents and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for processing/treatment.									

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 20px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 2 0           </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 2 0           </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>              THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 2 0 / 1 1 / 2 0 0 0           </div>
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5	
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .	
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>VI. INSTALLATION CONTACT</b>	
NAME (last and first) R A Y Z I M M E R M A N	PHONE NO. (area code & no.) 4 0 7 3 2 1 6 0 8 0
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>	
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>	
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	
\$	\$
<b>IX. CERTIFICATION</b>	
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_____ A. Print or Type Name	_____ B. Signature
_____ C. Date Signed	

FACILITY REPORT - PARTS B & C											
FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received			XVI TYPE OF REPORT (enter an X)				XVII. FACILITIES EPA ID NO.			
	- - - 19			<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C				FLD984171165			
XVIII. GENERATORS EPA ID NO.				XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)							
NUMBER APPLIED FOR				BREVARD FIRE RESCUE FLEET							
XIX. GENERATOR NAME (specify)				351 WENNER WAY							
BREVARD FIRE RESCUE FLEET				COCOA, FL 32926							
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1	Hazardous Waste, Liquid, N.O.S. 9 NA 3082 PG III (ERG # 171)					D039	SQ2	43P			
2											
3											
4											
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6											
7											
8											
9											
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11											
12											
XXII. COMMENTS (enter information by line number - see Instructions)											
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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

rrm

cc: Senco of Florida

## FACILITY REPORT--PARTS B &amp; C

FOR OFFICIAL  
USE ONLY  
(Items 1 & 2)

1. DATE RECEIVED

-1-11-91

2. RECEIVED BY

XVI. TYPE OF REPORT (enter an "X")

☐ PART B☒ PART C

XVII. FACILITY'S EPA I.D. NO.

GLD 984171165

XVIII. GENERATOR'S EPA I.D. NO.

FLD 982081473

XX. GENERATOR'S ADDRESS (street or P.O. box, city, state, &amp; zip code)

1602 N. GOLDENROD ROAD  
OKLANDO, FL 32807

XIX. GENERATOR NAME (specify)

SENCO OF FLORIDA

XXI. WASTE IDENTIFICATION

A. DESCRIPTION OF WASTE

B. EPA  
HAZARDOUS  
WASTE  
NUMBER  
(see instructions)C.  
HAN-  
DLING  
METHOD  
(enter  
code)D. AMOUNT  
OF WASTEE. UNIT OF  
MEASURE  
(enter code)1 WASTE COMBUSTIBLE LIQUID, N.O.S.  
(PETROLEUM NAPHTHA) NA 1993  
PG III EX 6 #27

0039

S02

12 G

XXII. COMMENTS (enter information by line number -- see instructions)

SAFETY- KLEEN CORP WAS SOLE TRANSPORTER OF SHIPMENT.  
US EPA I.D. ILD 984908202. WASTE RECEIVED WAS  
BULK STORED AND SHIPPED TO AN OUT OF STATE  
RECYCLING CENTER FOR RECYCLE BY DISTILLATION.

<b>HAZARDOUS WASTE REPORT</b>		<b>I. TYPE OF HAZARDOUS WASTE REPORT</b>	
Use this form as a cover for all required reports.		<b>PART A: GENERATOR ANNUAL REPORT</b>	
		THIS REPORT IS FOR THE YEAR ENDING DEC 31. 19	
		<b>PART B: FACILITY ANNUAL REPORT</b>	
		THIS REPORT FOR YEAR ENDING DEC 31. 19	
		<b>PART C: UNMANIFESTED WASTE REPORT</b>	
		THIS REPORT IS FOR A WASTE RECEIVED (day mo. & yr.) 24-07-1995	
<b>II. INSTALLATION'S EPA I.D. NUMBER</b>			
FACID9841711651			
<b>III. NAME OF INSTALLATION</b>			
SAFETY-KLEEN CORPORATION			
<b>IV. INSTALLATION MAILING ADDRESS</b>			
<b>STREET OR P.O. BOX</b>			
3600 CENTRAL PARK DRIVE			
<b>CITY OR TOWN</b> <b>ST.</b> <b>ZIP CODE</b>			
SHAWNEE OK 73077			
<b>V. LOCATION OF INSTALLATION</b>			
<b>STREET OR ROUTE NUMBER</b>			
3600 CENTRAL PARK DRIVE			
<b>CITY OR TOWN</b> <b>ST.</b> <b>ZIP CODE</b>			
SHAWNEE OK 73077			
<b>VI. INSTALLATION CONTACT</b>			
<b>NAME (last and first)</b> <b>PHONE NO. (area code &amp; no.)</b>			
2727065 EX DAVID 407-301-6080			
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>			
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.			
<b>VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)</b>			
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>		<b>B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)</b>	
\$		\$	
<b>IX. CERTIFICATION</b>			
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 my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
A PRINT OR TYPE NAME		B SIGNATURE	C DATE SIGNED



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

rrm

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

## HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## I. TYPE OF HAZARDOUS WASTE REPORT

## PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 31, 1991

## PART B: FACILITY ANNUAL REPORT

THIS REPORT FOR YEAR ENDING DEC 31, 1991

## PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE  
RECEIVED (30% mo. & yr.)

09-01-1995

## II. INSTALLATION'S EPA I.D. NUMBER

FIA-2984171165

## III. NAME OF INSTALLATION

SAFETY-KLEEN CORPORATION

## IV. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

3600 CENTRAL PARK DRIVE

## CITY OR TOWN

SAWYER

## ST.

## ZIP CODE

AL30771

## V. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

3600 CENTRAL PARK DRIVE

## CITY OR TOWN

SAWYER

## ST.

## ZIP CODE

AL30771

## VI. INSTALLATION CONTACT

## NAME (last and first)

2767065 EK DAVID

## PHONE NO. (area code &amp; no.)

407-351-6080

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.

## VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)

## A. COST ESTIMATE FOR FACILITY CLOSURE

\$1,111,111

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND  
MAINTENANCE (disposal facilities only)

\$1,111,111

## 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 my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. PRINT OR TYPE NAME

B. SIGNATURE

C. DATE SIGNED

SCHEDULED

**SCHEDULED**

## REFERENCE

2

02

787817

407-321-6080 DAVE MATOUSEK

0-220 DP

3-130-01-0831

LIANFES  
ADJUTANT

XXXXX

LYNX  
SUSAN MCGRUDER  
ORLANDO

FL 32805

LYNX CORP  
1200 W SOUTH ST  
ORLANDO

FL 32805

SERVICE DATE		SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE			PREVIOUS BALANCE	PORTION OVER 60 DAYS		
1-9-95		8800			C	10-240-6210			343.44			
ORDER TYPE	CHAIN	CUSTOMER P.O. NUMBER			GENERATOR'S/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
					407-841-2279		NO	583	001	.06	.06	.06
07	NO							CHANGE	CHANGE	INV.	REMARKS 0029	

[illegible]

NACM INFORMATION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT)		GENERATION STATE ID NO.		CONTAINER SIZE	
1. NACM INFORMATION SECTION	2. USER INFORMATION (TRANSFERRING NO.)	12. CONTAINERS NO.	13. TYPE	14. UNIT WT/VOL	15. DOT NUMBER
17. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	18. WASTE DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	19. CONTAINERS NO.	20. TYPE	21. UNIT WT/VOL	22. DOT NUMBER
ASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA) NA1993 PGIII 0039) (ERG#27) 6.7LBS/GAL		4	DM	48.	95653

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:

0 TO 220 LBS/MONTH

INITIALS: T.R.

220 LBS TO 2,200 LBS/MONTH

INITIALS: \_\_\_\_\_

GREATER THAN 2,200 LBS/MONTH

INITIALS: \_\_\_\_\_

FLD 984171165

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	FL 0984171165
600 CENTRAL PARK DRIVE	SANFORD	FL 32771	STATE ID NO.
PRODUCTS SALES SECTION			

[illegible]

1-800-4-A-TRUCK 1-800-4-A-TRUCK 1-800-4-A-TRUCK	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO: <input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	TOTAL PRODUCTS AMOUNT	TOTAL SERVICE AMOUNT (FROM ABOVE)	343.44
	CHECK NUMBER			CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION OF THE REGISTRATION AGREEMENT. ADDITIONAL TERMS AND CONDITIONS AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.	TOTAL DUE	343.44
	INV. #	AMOUNT \$		*This is to certify that the above-named motorist has properly described, described, described, insured and insured, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		
	PREVIOUS CREDIT CARD NO.			Print Name	X <i>[Signature]</i> GENERAL MANAGER/SALES REPRESENTATIVE SIGNATURE	
	CREDIT CARD NO.		AMEX VISA MC	EXP DATE		
	CONSUMER REFERENCE INFORMATION					

HAZARDOUS WASTE REPORT																																																		I. TYPE OF HAZARDOUS WASTE REPORT																			
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																																																		PART C: UNMANIFESTED WASTE REPORT																			
																																																		THIS REPORT IS FOR A WASTE RECEIVED (date, mo., & yr.) 5-28-1991																			
II. INSTALLATION'S EPA I.D. NUMBER																																																																					
F E L D 7 8 4 1 7 1 1 6 5																																																																					
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A. PRINT OR TYPE NAME																																	B. SIGNATURE																	C. DATE SIGNED																			

**SCHEDULED  
TWICE WEEK**

**SCHEDULED  
SERVICE TERRITORY**

REFERENCE  
NUMBER

50

02

504747

0-220 DP

5-130-01-0831

XXXXXX

LYNX CORP

1200 N SOUTH ST

FL 32805

ORLANDO

SERVICE DATE		SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE		PREVIOUS BALANCE	PORTION DUE		
12-10-94		8800			C	10-240-6210		343.44	OVER 90 DAYS		
DISCOUNT TYPE	CHAIN	CUSTOMER P.O. NUMBER			GENERATOR'S CUSTOMER PHONE #	O.C.	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO				407-841-2279	NO	683	001	.00	.00	.00
						CHANGE	CHANGE	AMT	REMARKS		

[illegible]

TOTAL SERVICE SECTION		324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD	POOR	DETAILS IN PLACE AND LEGIBLE	YES	NO	IS CASH PROPERTY GUARDED	
						<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUEL TANK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>
					LAMP ASSEMBLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LAMP ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT KEYS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>

WASTE DESCRIPTION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT)		UNIFORMED ID NO.		CONTAINER NO.		GENERATION STATE ID NO.	
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)		12. CONTAINERS NO.	13. TYPE	14. TOTAL QUANTITY	15. UNIT WT/VOL	16. DOT NUMBER	17. CONTAINER SIZE
WASTE COMBUSTIBLE LIQUID, N.O.D. PETROLEUM NAPHTHA) NA1993 PGIII D039, D006, D008, D018, D040) 6.7 LBS/GAL		4	DM	46	G	653	5100055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE (1) OF THE FOLLOWING CATEGORIES:

910 LBS/MONTH

220 LBS/MONTH

220 LBS TO 2,200 LBS/MONTH

INITIALS

DATE

DESIGNATED FACILITY NAME AND ADDRESS 600 CENTRAL PARK DRIVE	SAFETY-KLEEN CORP. SANFORD FL 32771	USA EPA ID NO. FL000017100 STATE ID NO.
--	--	--

[illegible]

<b>DATE</b> TIME CASH	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT		
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED. PAYMENT RECEIVED SUBJECT TO CANCELLATION OF RECEIPTED ADDITIONAL TERMS AND CONDITIONS AND OTHER INFORMATION ON THE REVERSE SIDE ARE MADE A PART HEREOF.	TOTAL SERVICE AMOUNT - (FROM ABOVE)	343.44
	INV. # _____	AMOUNT \$ _____			TOTAL DUE	343.44

PREVIOUS CREDIT CARD NO.		CREDIT CARD NO.		AMEX	VISA	MC	EXP. DATE
CONSUMER REFERENCE INFO (NUMERIC ONLY)							

Print Name: RON LIGARD X Ronald Ligard  
 Beneficiary Designated Representative Signature

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

4000 North Randall Road  
Elgin, Illinois 60123-7857



TRANSPORTER

407-321-6080 DAVE MATOUSEK

0-220 DP

LDR NOT REQ'D

3-130-01-0831

LYNX CORP

1200 W SOUTH ST  
ORLANDO

FL 32805

FL 32805

SCHEDULED PRICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
46	102	211142
MANIFEST NUMBER		XXXXX

3-130-01-1823-8

LYNX

555 N MCGRUBER  
ORLANDO

BRANCH - TSD

SERVICE AND SALES ACKNOWLEDGEMENT

MAILING 7/16/12 (REV 7/04)

SERVICE DATE 11-16-94	SALESMEN'S NO. 8800	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE H	SALES TAX CODE 10-240-6210	PREVIOUS BALANCE 343.44	PORTION OVER 90 DAYS	
CHAIN	CUSTOMER P.O. NUMBER		GENERATOR/CUSTOMER PHONE # 407-841-2279		O.C. SVC P/S NO	SERVICE TAX .06	C.O.M.S. TAX .06	PRODUCT TAX .06
07	NO							

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIALS)	CHANGE SCHEDULED DATE (YY WWT)	INV. CODE	REMARKS	0026
230-17343		81.00	4.86	85.86	13	04			9	150R	
230-17344		81.00	4.86	85.86	12	04			9	150R	
230-18028		81.00	4.86	85.86	12	04			9	150R	
230-19163		81.00	4.86	85.86	13	04			9	150R	
TOTAL SERVICE SECTION 324.00 19.44 343.44											
MACHINE CONDITION & CLEANLINESS: GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/> LAMP ASSEMBLY CONDITION: <input type="checkbox"/> <input type="checkbox"/> DETAILS IN PLACE: HOUSING <input type="checkbox"/> HOUSING <input type="checkbox"/> ASSEMBLY: RETAILER <input type="checkbox"/> RETAILER <input type="checkbox"/> EMERGENCY CLOSING: <input type="checkbox"/> <input type="checkbox"/> LOCAL PHONE NO. STICKER: <input type="checkbox"/> <input type="checkbox"/> SPENT SOLVENT MEETS ACCEPTANCE CRITERIA: <input type="checkbox"/> <input type="checkbox"/>											

DESIGNATED FACILITY NAME AND ADDRESS 600 CENTRAL PARK DRIVE SAFETY-KLEEN CORP. SANFORD FL 32771												USA EPA ID NO. FL0984171165 STATE ID NO.											
PRODUCT SALES SECTION																							
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PG111 (D039, D006, D008, D018, D040) 6.7 LBS/GAL												12. CONTAINERS NO. 4 TYPE DM		13. TOTAL QUANTITY 50		14. UNIT WT/VOL G		SK DOT NUMBER 653		CONTAINER SIZE		1. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: 0 TO 220 LBS/MONTH 220 LBS TO 2,200 LBS/MONTH GREATER THAN 2,200 LBS/MONTH	

DESIGNATED FACILITY NAME AND ADDRESS 600 CENTRAL PARK DRIVE SAFETY-KLEEN CORP. SANFORD FL 32771				USA EPA ID NO. FL0984171165 STATE ID NO.			
PRODUCT SALES SECTION							
CASH <input type="checkbox"/> TOTAL RECEIVED				APPLY PAYMENT TO: <input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS			
CHECK NUMBER				AMOUNT \$			
INV. #				TOTAL PRODUCTS AMOUNT			
PREVIOUS CREDIT CARD NO.				CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION (THE RECLAMATION AGREEMENT, ADDITIONAL TERMS, AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.)			
CREDIT CARD NO.				TOTAL SERVICE AMOUNT (FROM ABOVE) 343.44			
EXP. DATE				TOTAL DUE 343.44			
CONSUMER REFERENCE INFORMATION				SIGNATURE OF DESIGNATED REPRESENTATIVE Ron Richards			

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



TRANSPORTER

407-321-6080 DAVE MATOUSEK  
LDR NOT REQ'D 0-220 5P

SCHEDULED  
FIVE WEEK  
12

SCHEDULED  
SERVICE TERRITORY  
02

REFERENCE  
NUMBER  
928420

3-130-01-1425-8

LYNX ~~SECRET~~ 100  
SSS N MCGRUDER  
ORLANDO

FL 32805

TO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE			PREVIOUS BALANCE	PORTION OVER 60 DAYS	
10-30-94	2800			D	10-240-6210			1630.32	343.44	
LESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR & CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NQ		607-841-2279		NO	583	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT		SERVICE TERM	CHANGE SERVICE TERM		CHANGE SCHEDULED DATE (YY MM)	INV. CODE	REMARKS	0029
					CLEAN	SPRINT		(WEEKS)	(INITIAL)				
230-17343		81.00	4.86	85.86		12	04				9	150R	
230-17344		81.00	4.86	85.86		13	04				9	150R	
230-18028		81.00	4.86	85.86		13	04				9	150R	
230-19163		81.00	4.86	85.86		12	04				9	150R	
NAME:													
PHONE #:													
COMMENTS:													

TOTAL SERVICE SECTION				324.00	19.44	343.44	MACHINE CONDITION GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/>		DETAILS IN PLACE AND LEGIBLE FUSIBLE LINK INSTALLED EMERGENCY CLOSING DETAIL INFORMATION		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MACHINE PROPERLY GROUNDED - LOCAL PHONE HOLD STICKER APPLIED TO MACHINE SPENT SOLVENT BOTTLES ACCEPTANCE CRITERIA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
MACHINE CONDITION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT) →																

WASTE INFORMATION SHEET		UNIFORMED TRANSPORT ID NO.		GENERATOR USE ONLY NO.		STATE OF MD				
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT MT/VOL	SK DGT NUMBER	CONTAINER SIZE				
HASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGII DO39, DO06, DO08, DO18, DO40 6.7LBS/GAL	4	DM	50	G	65J					

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:

< 10 LBS/MONTH

INITIALS \_\_\_\_\_

220 LBS TO 2,200 LBS/MONTH

RJR

INITIALS \_\_\_\_\_

GREATER THAN 2,200 LBS/MONTH

INITIALS \_\_\_\_\_

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	FLD984171165
600 CENTRAL PARK DRIVE	SANFORD FL 32771	STATE ID NO.	

[illegible]

RECEIVED SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT		
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE DECLARATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION, APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.	TOTAL SERVICE AMOUNT (FROM ABOVE)	\$43.44
	INV. #	AMOUNT \$	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS		TOTAL DUE	343.44
PREVIOUS CREDIT CARD NO.				<p><small>This is to certify that the above-named merchant is properly licensed, authorized, bonded and insured, and is in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small></p> <p>Print Name: <u>R. Stewart</u> X <u>R. Stewart</u></p> <p>DATE: <u>10/1/81</u> SIGNATURE: <u>R. Stewart</u></p>		
CREDIT CARD NO.		AMEX VISA MC		<p>DEPARTMENT OF TRANSPORTATION</p>		
CONSUMER REFERENCE INFO (NUMERIC ONLY)				<p>DEPARTMENT OF TRANSPORTATION</p>		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



1000 North Randall Road  
Elgin, Illinois 60129-7857



TRANSPORTER

407-321-6080 DAVE MATOUSEK  
LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
38	02	640396
SAMPLE NUMBER		XXXXX

3-130-01-1823-8

LYNX CORP  
555 N McGRUDER  
ORLANDO

FL 32805

SALES DATE	SALESMAN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS	
1-21-94	8800			0	10-240-6210	343.44		
CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S CUSTOMER PHONE	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO	407-841-2279	NG	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	BOLVENT CLEAN SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIALS)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS	0027
230-17343		81.00	4.86	85.86		04			9	150R	
230-17344		81.00	4.86	85.86		04			9	150R	
230-18028		81.00	4.86	85.86		04			9	150R	
230-19163		81.00	4.86	85.86		04			9	150R	

TOTAL SERVICE SECTION	324.00	19.44	343.44
MACHINE CONDITION & CLEANLINESS	GOOD	POOR	
LAMP ASSEMBLY CONDITION	GOOD	POOR	
DEALS IN PLACE AND LEASE	YES	NO	
RESEALING INSTALLED	YES	NO	
EMERGENCY CLOSING	YES	NO	
DECONTAMINATION	YES	NO	
WORK PROPERLY GROUNDED	YES	NO	
LOCAL PHONE NO. STORER	APPLIED TO MACHINES	SPENT SOLVENT NEEDS ACCEPTANCE OTHERS	

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO. & TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	15. SK DOT NUMBER	16. CONTAINER SIZE	17. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: 9 TO 250 LBS/MONTH 250 LBS TO 2200 LBS/MONTH GREATER THAN 2200 LBS/MONTH
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039, D006, D008, D018, D040) 6.7 LBS/GAL	4 OM	48	G	653		INITIALS fkr

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP. SANFORD FL 32771	USA EPA ID NO.	FLD984171165
600 CENTRAL PARK DRIVE	FL 32771	STATE ID NO.	

PRODUCT NUMBER	DESCRIPTION	MBOS GIVEN	PRICE	QTY	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT	TOTAL SERVICE AMOUNT (FROM ABOVE)	343.44
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. IF NO CASH, CREDIT, OR DEBIT CARD IS USED, THE PAYMENT AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.	TOTAL DUE	343.44
INV. #	AMOUNT \$		This is to certify that the above-stated amounts are properly checked, described, packaged, marked and sealed, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		
PREVIOUS CREDIT CARD NO.	CREDIT CARD NO.	AMEX VISA MC	PRINT NAME RAY MARK X Ray Mark		
CONSUMER REFERENCE INFO (NUMERIC ONLY)		EXP. DATE	GENERATOR'S SIGNATURE		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

1000 North Randall Road  
Elgin, Illinois 60123-7867



TRANSPORTER.

407-321-6080 DAVE PATOUSEK

LDR NOT REQ'D. 0-220 DP

SCHEDULED TIME WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
34	10	359484
MANIFEST NUMBER	XXXXXX	

3-130-01-1823-3

LYNX CORP  
555 N MCGRUDER  
ORLANDO

FL 32805

SERVICE DATE		SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS			
3-25-74		8800			D	10-240-6210						
CHAIN	CUSTOMER P.O. NUMBER			GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. PG	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX	
07	NO			407-841-2279		NO	983	001	06	06	06	
SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN SPIRIT		SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIALS)	CHANGE SCHEDULED DATE (YY,MM)	INV. CODE	REMARKS	
	230-17343	81.00	4.86	85.86			04			9	150R	
	230-17344	81.00	4.86	85.86			04			9	150R	
	230-18028	81.00	4.86	85.86			04			9	150R	
	230-19163	81.00	4.86	85.86			04			9	150R	
TOTAL SERVICE SECTION		324.00	19.44	343.44								
MACHINE CONDITION & CLEANLINESS					GOOD POOR		DECLIN IN PRICE AND USABLE		YES NO		MACHINE PROPERLY GROUND	
LAMP ASSEMBLY, OIL							RUBLE LINE INSTALLED				LOCAL PHONE NO. MOBILE	
							EMERGENCY CLOSING DEL. UNLACKS INSTALLED				SPRINT SOLVENT METER ACCEPTANCE CRITERIA	

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)		12. CONTAINER NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	15. DOT NUMBER	16. CONTAINER NO.	17. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG427) 0039, 0006, 0008, 0013, 0040) 6.7 LBS/GAL		4	DM	48	G	553	0 TO 220 LBS/MONTH
							INITIALS
							0 TO 220 LBS/MONTH
							INITIALS
							GREATER THAN 220 LBS/MONTH
							INITIALS

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.
600 CENTRAL PARK DRIVE	SANFORD FL 32771	STATE ID NO.
PRODUCT SALES SECTION		

PRODUCT NUMBER		DESCRIPTION	QDTS GIVEN	PRICE	QAM	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			PRODUCTS AMOUNT						

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT	
	CHECK NUMBER	<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED. NO PAYMENT RECEIVED SECTION. NO REFUND OR CREDIT. ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.	TOTAL SERVICE AMOUNT (FROM ABOVE)
INV. #	AMOUNT \$			343.44
PREVIOUS CREDIT CARD NO.				TOTAL DUE
CREDIT CARD NO.	AMEX VISA MC	EXP. DATE	343.44	
CONSUMER REFERENCE INFO (NUMERIC ONLY)			<p><small>*This is to certify that the above named merchant was properly identified, licensed, bonded, insured, and is in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small></p> <p>RAY MAKI x <i>Ray Mak</i></p> <p>Print Name OPERATOR/DELEGATED REPRESENTATIVE SIGNATURE</p>	
SEE REVERSE SIDE FOR IMPORTANT INFORMATION				

DEATH - TEN

THE NEW YORK PUBLIC LIBRARY  
ASTOR LENOX TILDEN FOUNDATION  
500 5TH AVENUE  
NEW YORK 17, N.Y.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



1600 North Randall Road  
Elgin, Illinois 60123-7857



TRANSPORTER

407-321-6080 BILL MUNIER

LDR NOT REQ'D

D-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
33	10	070812
SCHEDULED SERVICE WEEK		REFERENCE NUMBER
XXXXXX		

3-130-01-1823-8

LYNX CORP

555 N MCGRUDER

ORLANDO

FL 32805

SERVICE DATE	SALESMAN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
7-25-94				D	10-240-6210				
ADDRESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	983	001	06	06	06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCHEDULED DATE (YY MM)	RY CODE	REMARKS
										7336
	230-17343	81.00	4.86	85.86		04			9	150R
	230-17344	81.00	4.86	85.86		04			9	150R
	230-19028	81.00	4.86	85.86		04			9	150R
	230-19163	81.00	4.86	85.86		04			9	150R
TOTAL SERVICE SECTION		324.00	19.44	343.44						

17. US DOT-DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)		12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	15. DOT NUMBER	16. CONTAINER SIZE	17. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(ERG#27) 4 DM 4.8 G 653							INITIALS 200 LBS TO 2,000 LBS/MONTH DRC INITIALS GREATER THAN 2,000 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	FLD984171165
600 CENTRAL PARK DRIVE	SANFORD FL 32771	STATE ID NO.	

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	QTY	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		TODAY'S SERVICE SALE	TOTAL SERVICE AMOUNT (FROM ABOVE)
		PREVIOUS BALANCE AS FOLLOWS	TOTAL DUE 343.44
INV. #	AMOUNT \$		
PREVIOUS CREDIT CARD NO.	CREDIT CARD NO.	EXP. DATE	
CONSUMER REFERENCE INFO (NUMERIC ONLY)			

Print Name: Don Baker

Signature: [Signature]

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



1000 North Randall Road  
Elgin, Illinois 60123-7857



TRANSPORTER

407-321-6020 BILL MUNIER  
LDR NOT REQ'D 0-220 DP

SCHEDULED WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
26	10	768560
XXXXXX		

3-130-01-1823-8

LYNX CORP  
555 N MCGRUDER  
ORLANDO

FL 32805

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SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
7-1-94	8800			D	10-240-6210				
CHARGE TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. PR	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIALS)	CHANGE SCHEDULED DATE (DT, MM, YR)	SOLVENT CLEAN	SOLVENT SPENT	SW. CODE	REMARKS	0272
230-17343		81.00	4.86	85.86	04			XXXXXX	9	150R / 2		
230-17344		81.00	4.86	85.86	04			XXXXXX	9	150R / 2		
230-18028		81.00	4.86	85.86	04			XXXXXX	9	150R / 2		
230-19163		81.00	4.86	85.86	04			XXXXXX	9	150R / 2		
TOTAL SERVICE SECTION 324.00 19.64 343.64												
MACHINE CONDITION & CLEANNESS												
MACHINE PROPERLY GROUND												
LOCAL PHONE NO. (ENTER)												
SPENT SOLVENT (LBS)												
ACCEPTANCE CRITERIA												

WASTE INFORMATION SECTION	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
	ILJ984908202		

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	CONTAINER NO. & TYPE	TOTAL QUANTITY	UNIT (WT/VOL)	SK DOT NUMBER	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGII (ERG#27) (0006, 0008, 0018, 0039, 0040) 6.7 LBS/GAL	4 DM	48	G	653	1 TO 220 LBS/MONTH 220 LBS TO 2,200 LBS/MONTH GREATER THAN 2,200 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	FLD984171165
600 CENTRAL PARK DRIVE	SANFORD	FL 32771	STATE ID NO.

PRODUCT SALES SECTION										QUANTITY	SALES AMOUNT	TAX	LINE TOTAL
SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	WDOB GIVEN	PRICE	UIN	QUANTITY ORDERED	SALES AMOUNT	TAX	LINE TOTAL		
1 PRIOR	2 PRIOR	LAST											
					<input type="checkbox"/>								
					<input type="checkbox"/>								
					<input type="checkbox"/>								
					<input type="checkbox"/>								

PAYMENT RECEIVED SECTION	
CASH	TOTAL RECEIVED
CHECK NUMBER	APPLY PAYMENT TO:
	TODAY'S SERVICE SALE
	PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$
INV. #	AMOUNT \$
INV. #	AMOUNT \$

TOTAL PRODUCT AMOUNTS	
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	
TOTAL SERVICE AMOUNT (FROM ABOVE) 343.00	
TOTAL DUE 343.00	
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.	
This is to certify that the above named materials are properly identified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.	
X Ray Mark	
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE	
RAY MARK	

IN THE EVENT OF AN EMERGENCY CALL  
1-708-888-4600 (24 hours)



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

1000 North Randall Road  
Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 DAVE MATOUSEK  
LDR NOT REQ'D 0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
95- 2	02	787817

3-130-01-1823-8

LYNX  
555 N MCGRUDER  
ORLANDO

FL 32805

3-130-01-0831  
LYNX CORP  
1200 W SOUTH ST  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
1-9-95	8800			C	10-240-6210	343.44			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	583	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS	0029
230-17343		81.00	4.86	85.86			04			9	150 R	
230-17344		81.00	4.86	85.86			04			9	150 R	
230-18028		81.00	4.86	85.86			04			9	150 R	
230-19163		81.00	4.86	85.86			04			9	150 R	

<b>TOTAL SERVICE SECTION</b>	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD	POOR	RESULTS IN TRADE AND LEASE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
				LAUP ASSEMBLY CONDITION			FLUID LEVELS			LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
							EMERGENCY CLOSING			SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

WASTE INFORMATION SECTION (PLEASE CHECK APPROPRIATE BOXES ON RIGHT)				GENERATOR STATE ID NO.		GENERATOR STATE ID NO.	
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	CONTAINER SIZE	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:	
WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA (NA1993 PGIII D039) (ERG027) 6.7 LBS/GAL	4 DM	48	G	95653	51.6.055	<input type="checkbox"/> 0 TO 220 LBS/MONTH <input checked="" type="checkbox"/> 220 LBS TO 2,200 LBS/MONTH <input type="checkbox"/> GREATER THAN 2,200 LBS/MONTH	

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	FLD984171165
600 CENTRAL PARK DRIVE	SANFORD FL 32771	STATE ID NO.	

PRODUCT NUMBER	DESCRIPTION	MSDS ON HAND	PRICE	UOM	QUANTITY DELIV/PRC	SALES AMOUNT	TAX	LINE TOTAL

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
INV. #	AMOUNT \$		TOTAL SERVICE AMOUNT (FROM ABOVE)
PREVIOUS CREDIT CARD NO.			TOTAL DUE
CREDIT CARD NO.			
CONSUMER REFERENCE INFORMATION			

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Print Name: \_\_\_\_\_ GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE: *X [Signature]*



HPK 10 95 11:06 PM SHEET 11 KLEEN  
1000 North Randall Road  
Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 DAVE MATOUSEK

SCHEDULED  
SERVICE WEEK  
94- 60

SCHEDULED  
SERVICE TERRITORY  
02

REFERENCE  
NUMBER  
504747

3-130-01-1823-8

LDR NOT REQ'D

0-220 DP

3-130-01-0831

XXXXX

LYNX

555 N MCGRUDER

ORLANDO

FL 32805

LYNX CORP

1200 W SOUTH ST

ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS		
10/10/94	8800			C	10-240-6210	343.44			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR'S CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO		407-841-2279	NO	683	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT EXPENT	SERVICE TEAM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCHEDULED DATE (YY MM)	INV. CODE	REMARKS	0033
1	230-17343	81.00	4.86	85.86			04			9	150R	
2	230-17344	81.00	4.86	85.86			04			9	150R	
3	230-18028	81.00	4.86	85.86			04			9	150R	
4	230-19163	81.00	4.86	85.86			04			9	150R	
5												
6												
7												
8												
9												
10												
11												
12												

TOTAL SERVICE SECTION	324.00	19.44	343.44
MACHINE CONDITION & CLEANLINESS	GOOD	POOR	
LAMP ASSEMBLY CONDITION	GOOD	POOR	
DETAILS IN PLACE AND LEGIBLE	YES	NO	
POSSIBLE LINK INSTALLED	YES	NO	
EMERGENCY CLOSING OF LID INDICATOR	YES	NO	
WASTE PROPERLY GROUND	YES	NO	
LOCAL TOWNE NO. STICKER APPLIED TO MACHINE	YES	NO	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	YES	NO	

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TYPE	14. TOTAL QUANTITY	15. UNIT WT/VOL	16. SK DOT NUMBER	17. CONTAINER SIZE	18. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039, D006, D008, D018, D040) 6.7LBS/GAL	4	DM	46	G	653	51.00055	0 TO 220 LBS/MONTH 220 LBS TO 2,200 LBS/MONTH INITIALS GREATER THAN 2,200 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	FL0984171165
600 CENTRAL PARK DRIVE	SANFORD	STATE ID NO.	
	FL 32771		

PRODUCT NUMBER	DESCRIPTION	MEQS GIVEN	PRICE	QTY	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
INV. #	AMOUNT \$		
PREVIOUS CREDIT CARD NO.			
CREDIT CARD NO.			
AMEX VISA MC			
EXP. DATE			
CONSUMER REFERENCE INFO (NUMERIC ONLY)			
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.		TOTAL SERVICE AMOUNT (FROM ABOVE) 343.44	
TOTAL DUE 343.44			
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.			
Print Name: Ron Riccard		Signature: [Signature]	
		GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE	

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

REFERENCE  
NUMBER

211142

Q-220 DP

3-130-01-083

XXXXX

555 N MCGRUDER  
ORLANDO

FL 32305

LYNX CORP

1200 N SOUTH ST  
ORLANDO

FL 32805

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

1000 North Randall Road  
Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 DAVE MATOUSEK

LDR NOT REQ'D

0-220 5P

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-42	02	925629
MANIFEST NUMBER		XXXXX

3-130-01-1823-8  
LYNX  
555 N MCGRUDER  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS			
10-30-94	8800			D	10-240-6210	1030.32	343.44			
SALES TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. PS	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX	
07	NO		407-841-2279	NO	S83	001	.06	.06	.06	
SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	RV. CODE	REMARKS
1	230-17343	81.00	4.86	85.86	12	04			9	150R
2	230-17344	81.00	4.86	85.86	13	04			9	150R
3	230-18028	81.00	4.86	85.86	13	04			9	150R
4	230-19163	81.00	4.86	85.86	12	04			9	150R
NAME:										
PHONE #:										
COMMENTS:										
TOTAL SERVICE SECTION 324.00 19.44 343.44										
MACHINE CONDITION & CLEANLINESS										
LAMP ASSEMBLY CONDITION										
GENERATOR										
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGII DO39, DO06, DO08, DO18, DO40 6.7LBS/GAL										
DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP. 600 CENTRAL PARK DRIVE SANFORD FL 32771										
USA EPA ID NO. FLD984171165										
STATE ID NO.										
PRODUCT SALES SECTION										
PRODUCT NUMBER DESCRIPTION QUANTITY PRICE UNIT QUANTITY DELIVERED SALES AMOUNT TAX LINE TOTAL										
TOTAL PRODUCTS AMOUNT										
TOTAL SERVICE AMOUNT (FROM ABOVE)										
TOTAL DUE										
PREVIOUS CREDIT CARD NO.										
CREDIT CARD NO.										
CONSUMER REFERENCE INFO (NUMERIC ONLY)										
AMEX VISA MC										
EXP. DATE										
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.										
This is to certify that the above named materials are properly classified, described, packaged, marked and stored, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.										
SEE REVERSE SIDE FOR IMPORTANT INFORMATION										



1000 North Randal Road  
Elgin, Illinois 60123-7857

407-321-6080 DAVE MATOUSEK  
LDR NOT REQ'D 0-220 DP

FL 32805

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-38	02	640396
MAILED NUMBER	XXXXX	

3-130-01-1823-8  
LYNX CORP  
555 N McGRUDER  
ORLANDO

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE			PREVIOUS BALANCE	PORTION OVER 60 DAYS		
9-21-94	8800			0	10-240-6210			343.44			
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER		GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD.P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07	NO			407-841-2279		NG	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS	0027
1	230-17343	81.00	4.86	85.86			04			9	150R	
2	230-17344	81.00	4.86	85.86			04			9	150R	
3	230-18028	81.00	4.86	85.86			04			9	150R	
4	230-19163	81.00	4.86	85.86			04			9	150R	
5												
6												
7												
8												
9												
0												
1												
2												

TOTAL SERVICE SECTION	324.00	19.44	343.44	MACHINE CONDITION & CLEANLINESS	GOOD	FOUR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	RUBBLE LK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER APPLIED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
				LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING DELO INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT WASTES ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TYPE	14. UNIT	15. TOTAL QUANTITY	16. UNIT WT/VOL	17. SK DOT NUMBER	18. CONTAINER SIZE	19. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039, D006, D008, D018, D040) 6.7 LBS/GAL	4	DM	G	48		653		INITIALS 9 TO 130 LBS/MONTH 200 LBS TO 2200 LBS/MONTH GREATER THAN 2200 LBS/MONTH
B.								INITIALS
C.								INITIALS
D.								INITIALS

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	FLD984171165
600 CENTRAL PARK DRIVE	SANFORD	STATE ID NO.	
	FL 32771		

PRODUCT NUMBER	DESCRIPTION	MEQ/G	SPICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

CASH	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT	TOTAL SERVICE AMOUNT (FROM ABOVE)	TOTAL DUE
<input type="checkbox"/>		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS		343.44	343.44
CHECK NUMBER			CHARGE MY ACCOUNT FOR THIS TRANSACTION. I AGREE TO BE BILLED IN THE MONTHLY STATEMENT. I AGREE TO THE PAYMENT RECEIVED SPECIAL THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.		
INV. #	AMOUNT \$		This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		
PREVIOUS CREDIT CARD NO.	CREDIT CARD NO.	EXP. DATE	RAY MAK X Ray Mak		
CONSUMER REFERENCE INFO (NUMERIC ONLY)			OPERATOR/DESIGNATED REPRESENTATIVE SIGNATURE		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



1000 North Randall Road  
Elgin, Illinois 60123-7857

HPK 10 95 11:57 PM SHEET KLEEN

14073210000 TO 14073210000  
FOR SERVICE CALL

TRANSPORTER

407-321-6080 DAVE MATOUSEK

LDR NOT REQ'D

0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-34	10	359484
MANIFEST NUMBER		XXXXX

3-130-01-1823-3

LYNX CORP  
555 N MCGRUDER  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 90 DAYS				
5-25-94	8800			C	10-240-6210						
CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX			
07 NO		407-841-2279	NO	983	001	.06	.06	.06			
SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SERVICE TERM	CHARGE SERVICE TERM (WEEKS) (INITIALS)	CHARGE SCHEDULED DATE (YY.WW)	IN. CODE	REMARKS	
230-17343		81.00	4.86	85.86		04			9	150R	
230-17344		81.00	4.86	85.86		04			9	150R	
230-18028		81.00	4.86	85.86		04			9	150R	
230-19163		81.00	4.86	85.86		04			9	150R	
TOTAL SERVICE SECTION		324.00	19.44	343.44	MACHINE CONDITION & CLEANSINESS		GOOD POOR	DECALS IN PLACE AND LEGIBLE	YES NO	MACHINE PROPERLY OIL-CHANGED	YES NO
					LAMP ASSEMBLY CONDITION		GOOD POOR	FLUORESCENT LAMP INSTALLED	YES NO	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	YES NO
								SAFETY CLOSING DELAYED/DEFECTIVE	YES NO	SPENT SOLVENT WASTE ACCEPTANCE CERTIFICATE	YES NO
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)											
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(ERG427) 0039,0006, 0008,0018,0040) 6.7LBS/GAL					12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	15. BK DOT NUMBER	16. CONTAINER RISK		
					4	DM	48	G	553		
B.											
C.											
D.											
DESIGNATED FACILITY NAME AND ADDRESS						SAFETY-KLEEN CORP.			USA EPA ID NO.		
600 CENTRAL PARK DRIVE						SANFORD FL 32771			FLD984171165		
PRODUCT SALES SECTION						STATE ID NO.					
PRODUCT NUMBER	DESCRIPTION	QTY	PRICE	UNIT	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL			
CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:		TOTAL PRODUCTS AMOUNT					
CHECK NUMBER				<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS							
INV. #		AMOUNT \$									
PREVIOUS CREDIT CARD NO.											
CREDIT CARD NO.				AMEX VISA MC							
CONSUMER REFERENCE INFO (NUMERIC ONLY)											
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE EXPLANATION, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.						TOTAL SERVICE AMOUNT (FROM ABOVE)		343.44			
						TOTAL DUE		343.44			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.											
RAY MAKI						X Ray		GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE			

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

1000 North Randall Road  
Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 BILL MUNIER

LDR NOT REQ'D

0-220 0P

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94-30	10	070812
XXXXXX		

3-130-01-1823-8  
LYNX CORP  
555 N MCGRUDER  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
				0	10-240-6210		
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX
07	NO		407-841-2279	NO	983	001	006
							C.O.M.S. TAX
							006
							PRODUCT TAX
							006

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT CLEAN	SOLVENT SPENT	SERVICE TERM	CHANGE SERVICE TERM (YEARS)	CHANGE SCHEDULED DATE (YY WW)	REV. CODE	REMARKS
1	230-17343	81.00	4.86	85.86			04			9	150R
2	230-17344	81.00	4.86	85.86			04			9	150R
3	230-19028	81.00	4.86	85.86			04			9	150R
4	230-19163	81.00	4.86	85.86			04			9	150R
5											
6											
7											
8											
9											
10											
11											
12											
TOTAL SERVICE SECTION		324.00	19.44	343.44							

MACHINE CONDITION & CLEANLINESS		GOOD	POOR	DETAILS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
LAUND ASSEMBLY CONDITION				FUEL/FLUX INSTALLED			LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
				ELECTRICITY CLOSING			SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(ERG#27) 0006, 0008, 0018, 0039, 0040 15.7 LBS/GAL									
12. CONTAINER NO.		13. TOTAL QUANTITY		14. UNIT WT/VOL		15. BK DOT NUMBER		16. CONTAINER SIZE	
4 DM		4.8		G		653			
CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: 1 TO 220 LBS/MONTH 220 LBS TO 2,200 LBS/MONTH GREATER THAN 2,200 LBS/MONTH									

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 600 CENTRAL PARK DRIVE, SANFORD, FL 32771  
 USA EPA ID NO. FL0984171165  
 STATE ID NO.

PRODUCT NUMBER	DESCRIPTION	MOCS GIVEN	PRICE	QTY	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	TOTAL PRODUCTS AMOUNT
CHECK NUMBER		TODAY'S SERVICE/SALE	TOTAL SERVICE AMOUNT (FROM ABOVE)
INV. #	AMOUNT \$	PREVIOUS BALANCE AS FOLLOWS	TOTAL DUE 343.44
PREVIOUS CREDIT CARD NO.			
CREDIT CARD NO.	AMEX VISA MC	EXP. DATE	
CONSUMER REFERENCE INFO (NUMERIC ONLY)			

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

This is to certify that the above-named materials are properly contained, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Don Baker  
 GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

1000 North Randall Road  
Elgin, Illinois 60123-7857

TRANSPORTER

407-321-6080 BILL MUNIER

LDR NOT REQ'D

0-220 DP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
94- 26	10	768560
XXXXX		

3-130-01-1823-8

LYNX CORP  
555 N MCGRUDER  
ORLANDO

FL 32805

SERVICE DATE	SALESMEN'S NO.	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	SALES TAX CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS	
7-1-94	8800			D	10-240-6210			
CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. RS	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
07 NO		407-841-2279	NO	983	001	.06	.06	.06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) INITIAL	CHANGE SCHEDULED DATE (YY MM)	SOLVENT CLEAN SPENT	S.V. CODE	REMARKS	0272
230-17343		81.00	4.86	85.86	04			XXXXXX	9	150R / 2	
230-17344		81.00	4.86	85.86	04			XXXXXX	9	150R / 2	
230-18028		81.00	4.86	85.86	04			XXXXXX	9	150R / 2	
230-19163		81.00	4.86	85.86	04			XXXXXX	9	150R / 2	
TOTAL SERVICE SECTION 324.00 19.44 343.44											

MACHINE CONDITION & CLEANLINESS	LAMP ASSEMBLY CONDITION	0000 POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUND	YES	NO

WASTE INFORMATION SECTION	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
	ILJ984908202		

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	CONTAINERS NO.	TYPE	TOTAL QUANTITY	UNIT WTVOL	EK DOT NUMBER	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#27) (D006, D008, D018, D039, D040) 6.7LBS/GAL	4	DM	48	G	653	0 TO 220 LBS/MONTH INITIALS
						220 LBS. TO 2200 LBS/MONTH INITIALS
						GREATER THAN 2200 LBS/MONTH INITIALS

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.
600 CENTRAL PARK DRIVE	SANFORD FL 32771	FLD984171165

PRODUCT SALES SECTION											
SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	UM	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST									
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						

PAYMENT RECEIVED SECTION		
CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS	TOTAL SERVICE AMOUNT (FROM ABOVE)
	343.44
	TOTAL DUE 343.44

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE CHARGE OF THE LESSOR OF 12% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE *X Ray Mark* Print Name *RAY MARK*

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.katzbarron.com](http://www.katzbarron.com)



May 15, 2002

FRANK T. ADAMS  
BERNARD ALLEN  
MARK S. AUERBACHER  
ALON BARZAKAY  
KENNETH L. BEDNAR  
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  
NICOLE T. KOPELOWITZ  
PHILIPPE LIEBERMAN  
MARIA C. MONTENEGRO  
RICHARD A. MORGAN  
CARLOS E. MUSTELIER JR.  
ANTHONY H. PELLE  
JOSE R. RIGUERA  
WILLIAM D. ROHRER  
JOHN R. SQUITERO  
MICHELE L. STOCKER

RONALD M. BARRON  
(1945 - 1994)

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

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

Via: Facsimile and Certified Mail

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

Re: 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 TSD. in this instance.

Viewed in its totality, Safety-Kleen believes its exemplary record, steps taken to

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.

A handwritten signature in black ink, appearing to read "Kenneth L. Bednar". The signature is fluid and cursive, with the first name "Kenneth" being more prominent.

Kenneth L. Bednar  
For the Firm

KLB/ms

cc: Jim Childress  
Craig Lackey



April 22, 2002

Certified Mail # 7000 520 0014 0101 4366

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

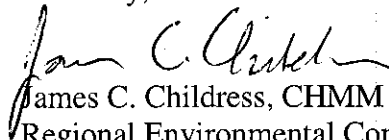
Re: Response to Letters Dated March 14, and April 16, 2002  
Safety-Kleen Systems, Inc. Sanford, FL Facility  
EPA ID# FLD 984 171 165

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 respectfully 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,



James 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

David B. Struhs  
Secretary

April 16, 2002

Certified Mail

7000 1530 0002 1948 3894

Matt Hedrick  
Environmental Health & Safety Manager  
Safety-Kleen Corp.  
5309 24<sup>th</sup> 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.



Jeb Bush  
Governor

# Department of Environmental Protection

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 24<sup>th</sup> 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 Type	Manual Guide	Potential for Harm	Extent of Deviation	Matrix Range	Multi Day/Event	Other Adjustments	Total
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 range.

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**

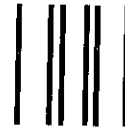
Prepared by:

  
John White  
Environmental Specialist

3/14/02  
Date



UNITED STATES POSTAL SERVICE

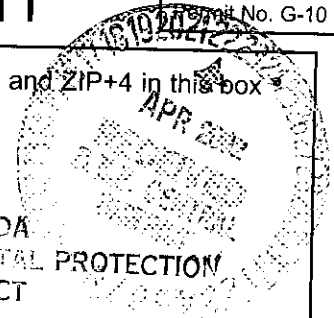


First-Class Mail  
Postage & Fees Paid  
USPS

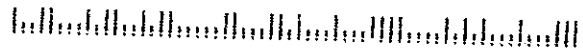
Permit No. G-10

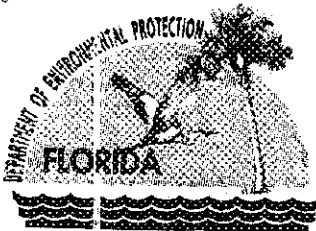
• Sender: Please print your name, address, and ZIP+4 in this box •

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CENTRAL DISTRICT  
3319 MAGUIRE BLVD., SUITE 232  
ORLANDO, FL 32803 - 3767



62





Jeb Bush  
Governor

# Department of Environmental Protection

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 24<sup>th</sup> Avenue South  
Tampa, Florida 33619

OCD-HW/E-02-0102

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

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Sincerely,

John White  
Environmental Specialist

jw

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*"More Protection, Less Process"*

*Printed on recycled paper.*

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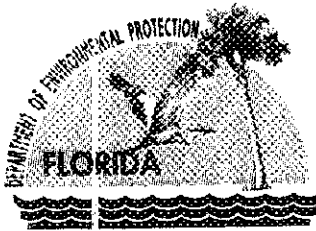
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**TOTAL PENALTY AMOUNT FOR ALL VIOLATIONS: \$4,547.00**

Prepared by:

  
John White  
Environmental Specialist

3/14/02  
Date



Jeb Bush  
Governor

# Department of Environmental Protection

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 24<sup>th</sup> Avenue South  
Tampa, Florida 33619

OCD-HW/E-02-0102

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

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Sincerely,

John White  
Environmental Specialist

jw

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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 Type	Manual Guide	Potential for Harm	Extent of Deviation	Matrix Range	Multi Day/Event	Other Adjustments	Total
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 range.

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  
Date



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

SAFETY-KLEEN CORP.

5309 24TH AVENUE SOUTH

TAMPA, FL 33619

813-626-1203



program cannot, however, anticipate wastestreams not managed in the Safety-Kleen system (e.g. managed and shipped via other vendors). 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 be 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 met 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. 4/2/02

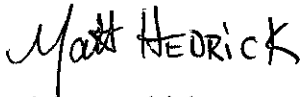
Finally, the Compliance Department will be prioritizing generator status during routine site visits, monthly inspections and during its bi-annual comprehensive audit. Customer files from previous incidents and target lists will be stringently reviewed for compliance.

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,

A handwritten signature in black ink that reads "Matt Hedrick". The signature is written in a cursive style, with the first name "Matt" and the last name "Hedrick" clearly legible.

Matt Hedrick  
Environmental, Health and Safety Manager

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



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

Safety Kleen  
Case name

[illegible]



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 24<sup>th</sup> Avenue South  
Tampa, FL 33619

Office: (813) 626-1203  
Cell: (813) 340-0976  
Fax: (813) 626-7528





Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 4, 2001

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 occurred 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 printouts 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*

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

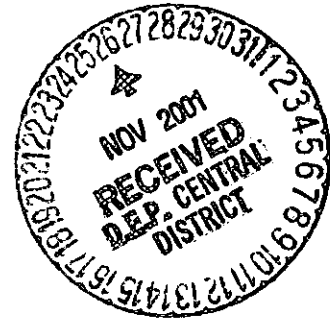


November 19, 2001

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



Dear Mr. White:

I am in receipt of your letter dated October 11, 2001, regarding the Florida DEP's record reviews on August 10 and September 7, 2001. The letter asserts that Safety-Kleen Corp. transported and accepted hazardous waste, on multiple occasions, from two large quantity generators (U.S. Patrick Air Force Base and U.S. NASA Kennedy Space Center) without uniform hazardous waste manifests. The letter further requires Safety-Kleen to file unmanifested waste reports with the FDEP for the shipments described above. Subsequently, SK received additional FDEP correspondence, dated November 14, 2001 (referring to the October 11, 2001 letter) requesting the subject unmanifested waste reports.

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.

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,

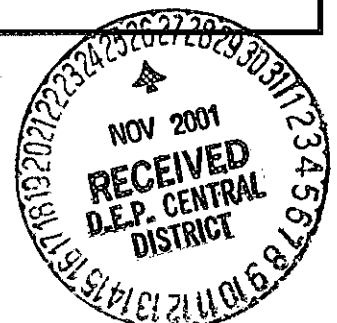
A handwritten signature in black ink, appearing to read "James C. Childress", written over a horizontal line.

James C. Childress, CHMM  
Regional Environmental Compliance Manager

Enclosures

Cc: Keith Marcille, Safety-Kleen  
Craig Lackey, Safety-Kleen  
Rick Peoples, Safety-Kleen

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin: 10px 0;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 4 / 1 2 / 2 0 0 0         </div>
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5	
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .	
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>VI. INSTALLATION CONTACT</b>	
NAME (last and first) K E I T H M A R C I L L E	PHONE NO. (area code & no.) 4 0 7 3 2 1 6 0 8 0
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>	
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>	
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	
\$	\$
<b>IX. CERTIFICATION</b>	
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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.	
_____ A. Print or Type Name	_____ B. Signature
_____ C. Date Signed	



## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. <b>FLD984171165</b>
	2. Received By		

XVIII. GENERATORS EPA ID NO. <b>FL2570024404</b>	XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) <b>AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925</b>
XIX. GENERATOR NAME (specify)	

XIX. WASTE IDENTIFICATION											
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER		C. HANDLING METHOD	D. AMOUNT OF WASTE				E. UNITS OF MEASURE		
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001	D039	SO2					15	G	
2		D018	D040								
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

HAZARDOUS WASTE REPORT		
Use this form as a cover for all required reports.	1. TYPE OF HAZARDOUS WASTE REPORT	
	PART A: GENERATOR ANNUAL REPORT	
	THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000	
	PART B: FACILITY ANNUAL REPORT	
	THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000	
	PART C: UNMANIFESTED WASTE REPORT	
THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 05 / 16 / 2000		
II. INSTALLATION'S EPA ID NUMBER FLD984171165		
III. NAME OF INSTALLATION SAFETY-KLEEN SYSTEMS, 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) KEITH MARCILLE PHONE NO. (area code & no.) 407-321-6080		
VII. TRANSPORTATION SERVICES USED (for Part A reports 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.		
A. Print or Type Name	B. Signature	C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165
	2. Received By		
XVIII. GENERATORS EPA ID NO. FL2570024404		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925	
XIX. GENERATOR NAME (specify)			

XIX. WASTE IDENTIFICATION									
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER		C. HANDLING METHOD	D. AMOUNT OF WASTE				E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001	D039	SO2				17	G
2		D018	D040						
3									
4									
5									
6									
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8									
9									
10									
11									
12									

<b>XXII. COMMENTS (enter information by line number - see instructions)</b> Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.
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HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	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		
		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)	0 6 / 1 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			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL2570024404		AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D039 D018 D040	SO2	17	G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.					

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin: 10px 0 0 20px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 7 / 1 1 / 2 0 0 0         </div>
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5	
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .	
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>VI. INSTALLATION CONTACT</b>	
<div style="display: flex; justify-content: space-between;"> <div>NAME (last and first) K E I T H M A R C I L L E</div> <div>PHONE NO. (area code &amp; no.) 4 0 7 3 2 1 6 0 8 0</div> </div>	
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>	
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>	
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	
\$	\$
<b>IX. CERTIFICATION</b>	
<p>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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p>	
_____ A. Print or Type Name	_____ B. Signature
_____ C. Date Signed	

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL  
USE ONLY  
(items 1 & 2)

1. Date Received

- - - - - 1 9

2. Received By

XVI TYPE OF REPORT (enter an X)

☐ Part B ☒ Part C

XVII. FACILITIES EPA ID NO.

F L D 9 8 4 1 7 1 1 6 5

XVIII. GENERATORS EPA ID NO.

F L 2 5 7 0 0 2 4 4 0 4

XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)

AUTO SKILL CENTER

1 6 3 2 ATLAS AVENUE BLD. 3 3 1

PATRICK AFB, FL 3 2 9 2 5

XIX. GENERATOR NAME (specify)

## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D 0 0 1 D 0 3 9 D 0 1 8 D 0 4 0	S O 2		1 5 G
2					
3					
4					
5					
6					
7					
8					
9					
1 0					
1 1					
1 2					

XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	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		
		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)	0 8 / 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			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS:			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)		XVII. FACILITIES EPA ID NO.	
	2. Received By	<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C		FLD984171165	
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL2570024404		AUTO SKILL CENTER			
XIX. GENERATOR NAME (specify)		1632 ATLAS AVENUE BLD. 331			
		PATRICK AFB, FL 32925			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D039 D018 D040	S02		17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 20px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0           </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0           </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>              THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 9 / 0 8 / 2 0 0 0           </div>
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5	
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .	
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>VI. INSTALLATION CONTACT</b>	
<div style="display: flex; justify-content: space-between;"> <div>NAME (last and first)</div> <div>PHONE NO. (area code &amp; no.)</div> </div> K E I T H M A R C I L L E 4 0 7 3 2 1 6 0 8 0	
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>	
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>	
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	
\$	\$
<b>IX. CERTIFICATION</b>	
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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.	
_____ A. Print or Type Name	_____ B. Signature
_____ C. Date Signed	

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165		
	2. Received By				
XVIII. GENERATORS EPA ID NO. FL2570024404		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2	15	G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165
	2. Received By		

XVIII. GENERATORS EPA ID NO. FL2570024404	XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925
XIX. GENERATOR NAME (specify)	

XIX. WASTE IDENTIFICATION												
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER				C. HANDLING METHOD		D. AMOUNT OF WASTE				E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001	D039			SO2					16	G
2		D018	D040									
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

XXII. COMMENTS (enter information by line number - see instructions)
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	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	
		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 1 0 / 3 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			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS:			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL  
USE ONLY  
(Items 1 & 2)

1. Date Received

- - - - 19

2. Received By

XVI TYPE OF REPORT (enter an X)

☐ Part B☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL2570024404

XX. GENERATOR'S ADDRESS (street or PO box, city, state, &amp; zip code)

AUTO SKILL CENTER

1632 ATLAS AVENUE BLD. 331

PATRICK AFB, FL 32925

XIX. GENERATOR NAME (specify)

XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2		16G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

12 / 28 / 2000

## II. INSTALLATION'S EPA ID NUMBER

FLD984171165

## III. NAME OF INSTALLATION

SAFETY-KLEEN SYSTEMS, 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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# **FACILITY REPORT - PARTS B & C**

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. <div>FLD984171165</div>
	2. Received By		
XVIII. GENERATORS EPA ID NO. <div>FL2570024404</div>		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925	
XIX. GENERATOR NAME (specify)			

## **XIX. WASTE IDENTIFICATION**

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2		17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## **XXII. COMMENTS (enter information by line number - see instructions)**

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 2 / 2 1 / 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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.  FLD984171165
	2. Received By		

XVIII. GENERATORS EPA ID NO.  FL2570024404	XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)  AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925
XIX. GENERATOR NAME (specify)	

XIX. WASTE IDENTIFICATION										
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER		C. HANDLING METHOD	D. AMOUNT OF WASTE				E. UNITS OF MEASURE	
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001	D039	SO2					17	G
2		D018	D040							
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

<b>XXII. COMMENTS (enter information by line number - see instructions)</b> Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.
---

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)		XVII. FACILITIES EPA ID NO.	
	2. Received By	<input type="checkbox"/> Part B	<input checked="" type="checkbox"/> Part C	FLD984171165	
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL2570024404		AUTO SKILL CENTER			
XIX. GENERATOR NAME (specify)		1632 ATLAS AVENUE BLD. 331			
		PATRICK AFB, FL 32925			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	16 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin: 10px 0;">Use this form as a cover for all required reports.</p>	<h3 style="margin: 0;">1. TYPE OF HAZARDOUS WASTE REPORT</h3> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0           </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0           </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>              THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 8 / 0 6 / 2 0 0 1           </div>				
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5					
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .					
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>VI. INSTALLATION CONTACT</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; text-align: center;">NAME (last and first)</td> <td style="width: 40%; border: none; text-align: center;">PHONE NO. (area code &amp; no.)</td> </tr> <tr> <td style="border: none;">K E I T H M A R C I L L E</td> <td style="border: none;">4 0 7 3 2 1 6 0 8 0</td> </tr> </table>		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
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				
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> <div style="height: 100px; border: 1px solid black;"></div>					
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">A. COST ESTIMATE FOR FACILITY CLOSURE</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="border: none;">\$</td> <td style="border: none;">\$</td> </tr> </table>		A. COST ESTIMATE FOR FACILITY CLOSURE		\$	\$
A. COST ESTIMATE FOR FACILITY CLOSURE					
\$	\$				
<b>IX. CERTIFICATION</b> <p style="font-size: small; margin: 5px 0;">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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">A. Print or Type Name</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">B. Signature</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">C. Date Signed</div> </div>					

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165
	2. Received By		
XVIII. GENERATORS EPA ID NO. FL2570024404		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925	
XIX. GENERATOR NAME (specify)			

## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 2 / 0 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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D039 D018 D040	S02		17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 4 / 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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165
	2. Received By		

XVIII. GENERATORS EPA ID NO. FL6800014585	XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815
XIX. GENERATOR NAME (specify)	

XIX. WASTE IDENTIFICATION									
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER		C. HANDLING METHOD	D. AMOUNT OF WASTE		E. UNITS OF MEASURE		
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001	D039	SO2				17	G
2		D018	D040						
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

<h2 style="margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin: 5px 0;">Use this form as a cover for all required reports.</p>		<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0           </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0           </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>              THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 4 / 2 8 / 2 0 0 0           </div>	
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5			
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .			
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1			
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1			
<b>VI. INSTALLATION CONTACT</b> <div style="display: flex; justify-content: space-between;"> <div>NAME (last and first)</div> <div>PHONE NO. (area code &amp; no.)</div> </div> K E I T H M A R C I L L E 4 0 7 3 2 1 6 0 8 0			
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>			
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b> A. COST ESTIMATE FOR FACILITY CLOSURE \$ , \$			
<b>IX. CERTIFICATION</b> 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
_____ A. Print or Type Name		_____ B. Signature	
		_____ C. Date Signed	

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.  FLD984171165		
	2. Received By				
XVIII. GENERATORS EPA ID NO.  FL6800014585		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)  DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X) <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	16 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
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# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

FACILITY REPORT - PARTS B & C											
FOR OFFICIAL USE ONLY (Items 1 & 2)	1. Date Received			XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C				XVII. FACILITIES EPA ID NO.			
	2. Received By							FLD984171165			
XVIII. GENERATORS EPA ID NO.				XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)							
FL6800014585				DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815							
XIX. GENERATOR NAME (specify)											
XIX. WASTE IDENTIFICATION											
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE						
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G						
2											
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4											
5											
6											
7											
8											
9											
10											
11											
12											
XXII. COMMENTS (enter information by line number - see instructions)											
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>											

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

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 E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL  
USE ONLY  
(items 1 & 2)

1. Date Received

11-19

XVI TYPE OF REPORT (enter an X)

☐ Part B ☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL6800014585

XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)

DYNACS

XIX. GENERATOR NAME (specify)

BLDG M7- 505 LEFT AREA  
KENNEDY SPACE CENTER  
CAPE CANAVERAL, FL 32815

XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2	17	G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (Items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	16 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

1 1 / 0 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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		F L D 9 8 4 1 7 1 1 6 5		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
F L 6 8 0 0 0 1 4 5 8 5		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D 0 0 1 D 0 3 9 D 0 1 8 D 0 4 0	S O 2		1 6 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	16G
2					
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4					
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7					
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XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	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		
THIS REPORT IS FOR A WASTE 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			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 1 / 0 3 / 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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin: 10px 0;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 2 / 0 1 / 2 0 0 1         </div>				
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5					
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .					
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>VI. INSTALLATION CONTACT</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center; border-bottom: 1px solid black;">NAME (last and first)</td> <td style="width: 40%; text-align: center; border-bottom: 1px solid black;">PHONE NO. (area code &amp; no.)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">K E I T H M A R C I L L E</td> <td style="border-bottom: 1px solid black;">4 0 7 3 2 1 6 0 8 0</td> </tr> </table>		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
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				
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> <div style="height: 100px; border: 1px solid black;"></div>					
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">A. COST ESTIMATE FOR FACILITY CLOSURE</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> </table>		A. COST ESTIMATE FOR FACILITY CLOSURE		\$	\$
A. COST ESTIMATE FOR FACILITY CLOSURE					
\$	\$				
<b>IX. CERTIFICATION</b> <p style="font-size: small; margin: 5px 0;">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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">A. Print or Type Name</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">B. Signature</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">C. Date Signed</div> </div>					

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
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9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin: 10px 0;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 2 / 2 7 / 2 0 0 1         </div>				
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5					
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .					
<b>IV. INSTALLATION MAILING ADDRESS:</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>VI. INSTALLATION CONTACT</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; text-align: center;">NAME (last and first)</td> <td style="width: 40%; border: none; text-align: center;">PHONE NO. (area code &amp; no.)</td> </tr> <tr> <td style="border: none;">K E I T H M A R C I L L E</td> <td style="border: none;">4 0 7 3 2 1 6 0 8 0</td> </tr> </table>		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
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				
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> <div style="height: 100px; border: 1px solid black;"></div>					
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A. COST ESTIMATE FOR FACILITY CLOSURE					
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FACILITY REPORT - PARTS B & C														
FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received				XVI TYPE OF REPORT (enter an X)					XVII. FACILITIES EPA ID NO.				
	2. Received By				<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C					<div style="border: 1px solid black; padding: 2px;">           FL D 9 8 4 1 7 1 1 6 5         </div>				
XVIII. GENERATORS EPA ID NO.					XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)									
<div style="border: 1px solid black; padding: 2px;">             FL 6 8 0 0 0 1 4 5 8 5           </div>					DYNACS  BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815									
XIX. GENERATOR NAME (specify)														
XIX. WASTE IDENTIFICATION														
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE									
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	<div style="border: 1px solid black; padding: 2px;">             D 0 0 1 D 0 3 9              D 0 1 8 D 0 4 0           </div>	S O 2	17	G									
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
XXII. COMMENTS (enter information by line number - see instructions)														
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.														

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

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 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (Items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF 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

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 4 / 2 5 / 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

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E  
S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E  
S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

K E I T H M A R C I L L E

PHONE NO. (area code & no.)

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports 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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL  
USE ONLY  
(items 1 & 2)

1. Date Received

- - - - - 1 9

XVI TYPE OF REPORT (enter an X)

☐ Part B☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL6800014585

XX. GENERATOR'S ADDRESS (street or PO box, city, state, &amp; zip code)

DYNACS

BLDG M7- 505 LEFT AREA

KENNEDY SPACE CENTER

CAPE CANAVERAL, FL 32815

XIX. GENERATOR NAME (specify)

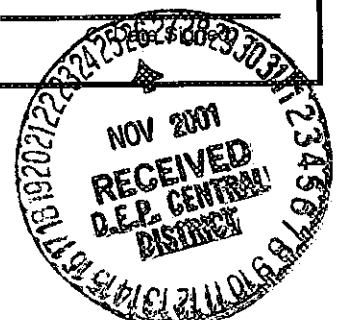
## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2		16G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 20px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0           </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>              THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0           </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>              THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 1 / 0 4 / 2 0 0 0           </div>				
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5					
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .					
<b>IV. INSTALLATION MAILING ADDRESS:</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>VI. INSTALLATION CONTACT</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center; border-bottom: 1px solid black;">NAME (last and first)</td> <td style="width: 40%; text-align: center; border-bottom: 1px solid black;">PHONE NO. (area code &amp; no.)</td> </tr> <tr> <td style="text-align: center;">K E I T H M A R C I L L E</td> <td style="text-align: center;">4 0 7 3 2 1 6 0 8 0</td> </tr> </table>		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
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				
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> <div style="height: 100px; border: 1px solid black;"></div>					
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">A. COST ESTIMATE FOR FACILITY CLOSURE</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>		A. COST ESTIMATE FOR FACILITY CLOSURE		\$	\$
A. COST ESTIMATE FOR FACILITY CLOSURE					
\$	\$				
<b>IX. CERTIFICATION</b> <p>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 responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">A. Print or Type Name</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">B. Signature</div> <div style="width: 30%;"></div> </div>					



## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL  
USE ONLY  
(Items 1 & 2)

1. Date Received

- - - - - 1 9

2. Received By

XVI TYPE OF REPORT (enter an X)

☐ Part B☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL6800014585

XX. GENERATOR'S ADDRESS (street or PO box, city, state, &amp; zip code)

DYNACS

BLDG M7- 505 LEFT AREA  
KENNEDY SPACE CENTER  
CAPE CANAVERAL, FL 32815

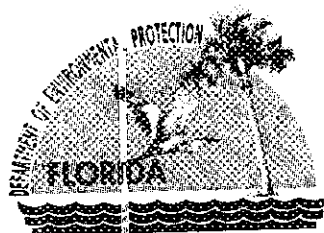
XIX. GENERATOR NAME (specify)

## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
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2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.



Jeff 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



Jeb Bush  
Governor

# Department of Environmental Protection

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.

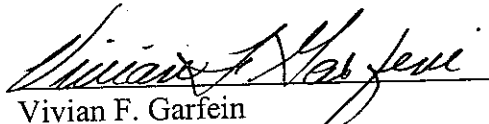
"More Protection, Less Process"

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,

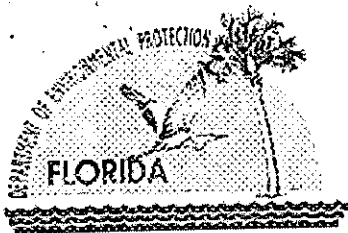
  
Vivian F. Garfein  
Director of District Management

October 11, 2001  
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 \_\_\_\_\_

**NOTIFIED AS:** ☐ N/A

### **CURRENT STATUS:**

- ☐ Non Handler
- ☐ CESQG (<100 kg/mo.)
- ☐ SQG (100-1000 kg/mo.)
- ☐ Generator (>1000 kg/mo.)
- ☐ Transporter
- ☐ Transfer Facility
- ☐ Interim Status TSD Facility
- ☒ TSD Facility
- Unit Type(s): Storage
- ☐ Exempt Treatment Facility
- ☐ Used Oil:

- ☐ Non Handler
- ☐ CESQG (<100 kg/mo.)
- ☐ SQG (100-1000 kg/mo.)
- ☐ Generator (>1000 kg/mo.)
- ☐ Transporter
- ☐ Transfer Facility
- ☐ Interim Status TSD Facility
- ☒ TSD Facility
- Unit Type(s): Storage
- ☐ Exempt Treatment Facility
- ☐ Used Oil:

2. **APPLICABLE REGULATIONS:**

- ☐ 40 CFR 261.5
- ☐ 40 CFR 262
- ☐ 40 CFR 265
- ☐ 40 CFR 266
- ☐ 40 CFR 279
- ☐ 62-710, FAC

- ☐ 40 CFR 263
- ☒ 40 CFR 264
- ☒ 40 CFR 268
- ☐ 40 CFR 273
- ☒ 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

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](http://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 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.

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.

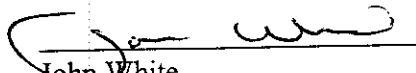
Recommended Corrective Action

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

7099 3400 0004 1323 1916

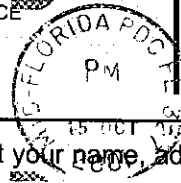
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent By <i>Heath Marcell</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here  OCT 12 2001	
Name (Please Print Clearly) (to be completed by mailer) <i>Safety-Kleen Corp</i>	
Street, Apt. No., or PO Box No. <i>600 Central Park Dr.</i>	
City, State, ZIP+4 <i>Sanford FL 32771</i>	

SENDER: COMPLETE THIS SECTION	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to: <i>Heath Marcell, Broadcasting</i> <i>Safety-Kleen Corp</i> <i>600 Central Park Dr</i> <i>Sanford FL 32771</i>	
2. Article Number (Copy from service label) <i>7099 3400 0004 1323 1916</i>	

COMPLETE THIS SECTION ON DELIVERY	
A. Received by (Please Print Clearly) <i>Ami Vuotto</i>	B. Date of Delivery <i>10/15/01</i>
C. Signature <i>X</i> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below: <i>OWL-HW-00-0029</i> <i>JW</i>	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 1999 Domestic Return Receipt HAZARDOUS WASTE 102595-00-M-0952  
OCT 12 2001

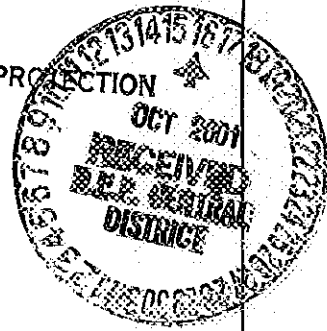
UNITED STATES POSTAL SERVICE



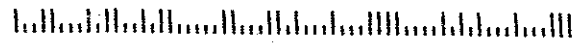
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CENTRAL DISTRICT  
3319 MAGUIRE BLVD., SUITE 232  
ORLANDO, FL 32803 - 3767



5



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

Total Penalties for all Violations:

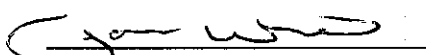
\$14,798.00

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

October 10, 2001  
 Date

October 11, 2001  
 Date

WORKSHEET  
RANKING SYSTEM FOR POTENTIAL FOR HARM

FACILITY NAME: Safety-Kleen Corp. Sanford

Date: October 10, 2001

EPA ID No.: FLD984171165

ComHaz Case #: 252027

	Violation	Description	Nature of Waste	Amount of Waste	Release	People	Total Points
a.	264.76, Permit Condition 14	Unmanifested Waste Report	4	2	1	4	11
b.	263.20(a)	No Hazardous Waste 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 release	3 - 100 - 1,000
4 - typical hazardous waste	2 - < 1,000 kg (5 drums)		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: Safety-Kleen Corp. Sanford

Date: October 10, 2001

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

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**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

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

Sl	Time
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### History

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**ORDER FOR THE PROSECUTOR**

**Part 1**

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024480

**DO NOT WRITE IN AREA BELOW**





Columbia, South Carolina 29201

WE CARE

FOR SERVICE CALL

BRANCH MANAGER

DOC. EXP.

SCH. SERVICE TAX

STATE DUTY

REFERENCE NUMBER

CUSTOMER NO.

0 0 0 2 - 3 6 0 0 - 2 3

AUSCO SKILL CENTER  
1632 ATLAS AVENUE BLD 331  
PATRICK AFB FL 32925

407 321-6080 RAY ZIMMERMAN

09/07/00

00-29 00

00113300  
BAL OVER 60 DAYS  
1072.41

CREDIT CODE  
BUSINESS TYPE  
LOCATION  
TAX EXEMPTION NO

1072

31001 EXEMPT

SERVICE DATE SALES REP NO. CUSTOMER P.O. NUMBER CUSTOMER PHONE # TAX CODE HANDLING CODE ASSOC. CODE SERVICE TAX C.O.M.S. TAX PRODUCT TAX

3/16/00 24490 721-494-2537 10-025-6615 PM 0.00 0.00 0.00

DEPT SERVICE/PRODUCT SERIAL NUMBER UNIT PRICE QUAN. CHARGE SALES TAX TOTAL CHARGE WASTE MIN. SOLVENT/DRUMS CC SERVICE TERM CHANGE SERVICE TERM DRAINAGE INV. PROMO NO. RELEASE NO.

1 1030100 30224258 1 104.50 0.00 104.50 11.00 17 15 302 4 7

2 00300001 5015VCM 104.50 2.9000 240

3

4

5

6

7

8

9

10

11

12

TOTAL SERVICE/PRODUCTS 104.50 0.00 104.50 0.00

USEPA ID NO. GENERATOR STATE ID NO. CHECK APPROPRIATE BOXES

11 US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID) 12 CONTAINERS 13. TOTAL QUANTITY 14 UNIT MEASUREMENT SK DOT NUMBER 15 RELEASE NO.

16 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

17 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

18 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

19 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

20 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

21 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

22 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

23 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

24 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

25 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

26 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

27 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

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32 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

33 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

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35 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

36 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

37 1030100 (00001) (FR00128) 6.7 LBS/GAL (0028,0039,0040) 1 15 1 501 1

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEFF SYSTEMS, INC. 330 CENTRAL PARK DRIVE SANFORD FL 32772

CASH ☐ TOTAL RECEIVED ☒ TODAY'S SERVICE/SALE ☒ AMOUNT \$ 302.43

CHECK NUMBER ☐ INVOICE # ☐ AMOUNT \$

INVOICE # ☐ AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

TOTAL CHARGE (FROM ABOVE) 10740

WASTE MIN (FROM ABOVE)

TOTAL DUE 10740

DO NOT WRITE IN THIS AREA

000338075

0002-1400-03

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

Print Customer Name Ted Vital

By: [Signature]

Customer's Authorized Representative

000338075

0002-1400-03

INITIALS

INITIALS

INITIALS

INITIALS

INITIALS

INITIALS

0 TO 220 LBS./MONTH

220 LBS. TO 2,200 LBS./MONTH

GREATER THAN 2,200 LBS./MONTH

INITIALS

INITIALS

INITIALS

0 TO 220 LBS./MONTH

220 LBS. TO 2,200 LBS./MONTH

GREATER THAN 2,200 LBS./MONTH

INITIALS

INITIALS

INITIALS

0 TO 220 LBS./MONTH

220 LBS. TO 2,200 LBS./MONTH

GREATER THAN 2,200 LBS./MONTH

INITIALS

INITIALS

INITIALS

0 0 0 2 - 1 6 0 0 - 2 3

AUTO SKILL CENTER  
1632 ATLAS AVENUE BLD 316  
PATRICK AFB FL 32925

407 321-6080 RAY WIMMERMAN 11/09/00  
SCHEDULED TERRITORY  
0003928673  
CREDIT PREVIOUS BALANCE  
BUSINESS CHAIN OUTER SVC. P/C PROD. P/C  
05 NO YES YES YES YES  
LOCATION TAX EXEMPTION NO  
313001 EXEMPT 15

SERVICE DATE 9/1/00 SALES REP NO. 29400 CUSTOMER P.O. NUMBER 121-494-2537  
CUSTOMER PHONE # 10-025-5615 TAX CODE 10-025-5615 HANDLING CODE PM ASSOC. CODE 05  
SERVICE TAX 05 COMS. TAX 05 PRODUCT TAX 05

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	UNIT PRICE	QUAN.	CHANGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE SERVICE TERM	CHANGE INV. DATE	PROMO NO.	RELEASE NO.	MISOS
01	PROD	30224268		1	104.50	12.00	104.50	0.00	15	1	4					
01	PROD	30150000		1	104.50	12.00	104.50	0.00	15	1	4					
TOTAL SERVICE/PRODUCTS																
					104.50	12.00	104.50	0.00	15	1	4					
					107.40		107.40									

USEPA TRANSPORTER 1 ID NO. 500000075150 USEPA TRANSPORTER 2 ID NO. GENERATOR USEPA ID NO. GENERATOR STATE ID NO.  
CHECK APPROPRIATE BOXES: MACHINE CONDITION, LAMP ASSEMBLY, CONDITION, YES, NO, MACHINE PROPERLY GROUND, LOCAL PHONE NO. STICKER, ATTACHED TO MACHINE, SPENT SOLVENT MEETS ACCEPTANCE CRITERIA, YES, NO

11 US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)  
HAZARDOUS COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993  
20 LBS TO 220 LBS. MONTH  
INITIALS  
220 LBS. TO 2,200 LBS. MONTH  
INITIALS  
GREATER THAN 2,200 LBS. MONTH  
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KITFN SYSTEMS, INC. SANFORD FL 32772  
12 CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.  
13 CERTIFY THAT THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.  
14 UNIT NO. 15 QUANTITY 16 UNIT NO. 17 SK DOT NUMBER 18 UNIT NO. 19 SK DOT NUMBER  
TOTAL CHARGE (FROM ABOVE)  
WASTE MIN. (FROM ABOVE)  
TOTAL DUE 107.40

PREVIOUS CREDIT CARD NO. CREDIT CARD NO. 63000006640344  
CASH CHECK NUMBER TOTAL RECEIVED  
INVOICE # AMOUNT \$ INVOICE # AMOUNT \$  
AMERICAN EXPRESS VISA EXP. DATE 09/01/01  
PRINT CUSTOMER NAME: Nancy Wilberg  
BY: Nancy Wilberg  
CUSTOMER'S AUTHORIZED REPRESENTATIVE  
DO NOT WRITE IN THE AREA BELOW  
0001928673  
0002-1607-23 -9







# UNIVERSITY

CREDIT CARD CODE		PREVIOUS BALANCE		BAL. OVER 60 DAYS	
BUSINESS TYPE		CHAIN	OUTER QUANTITY	SVC. P/C	PROD. P/C
05		0000	YES	0781	0001
LOCATION		TAX EXEMPTION NO.			
J13001		EXEMPT /			

0000-3500-23

0010322435  
0002-3600-23

**SERVICE AND SALES ACKNOWLEDGMENT**  
PART 1366 (Rev. 09/00)

0	0	0	2	-	3	5	0	0	-	2	3
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AUTO SKILL CENTER  
1532 ATLAS AVENUE BLD 332  
PATRICK AFB FL 32925

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY
407 321-6060	RAY "ZIMMERMAN"	06/26/02	01-26	06

00071300394

[illegible]

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
4/17/1	24470		321-494-2537	10-025-6625	PW		.06	.06	.06

[illegible]

alignments of Cereus and  
(looks like water?)  
Please have my  
check out.

TOTAL-SERVICE/PRODUCTS						CHECK APPROPRIATE BOXES →	6000 POOR	DETAILS IN PLACE AND LITIGATE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.			<input checked="" type="checkbox"/> MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input checked="" type="checkbox"/> EASY TO LINK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> LOCAL PHONE NOT STUCKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.			<input checked="" type="checkbox"/> LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input checked="" type="checkbox"/> EMERGENCY CLOSING OF LID DOWNSHUTTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

UNIT NO. DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)	12 CONTAINERS NO.	13. TYPE	TOTAL QUANTITY	14. UNIT WT/KGOL	SK DOT NUMBER	15. CERTIFY: <input type="checkbox"/> MORE THAN 99% TOTAL WASTE STREAMS AND WYHON ONE OF THE FOLLOWING CATEGORIES: <input type="checkbox"/> 01 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
HAZARDOUS COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA 141993 ERG#128 6.0 LBS/GAL DOT8, D039, D040	12	DM	1	6	801	5163059

[illegible][illegible]

PREVIOUS CREDIT		INVOICE #		AMOUNT \$		INVOICE #		AMOUNT \$	
CHECK NUMBER		APPLY PAYMENT TO:		TELEADS SERVICE/SALE		TELEADS BALANCE AS FOLLOWS			
INVOICE #		AMOUNT \$		INVOICE #		AMOUNT \$			
MAINIFEST NO.		LDR MESSAGE		LDR NOT RECD		MAINIFEST CODE		SEQ #	
XXXXXX									
<p>I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED. THE PAYMENT RECEIVED SECTION, THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.</p> <p>*This is to certify that the above-stated materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</p>									
TOTAL CHARGE (FROM ABOVE)		WASTE MIN. (FROM ABOVE)		TOTAL DUE					
127.96									

CARD NO. 4716 3000 0000 0000  
 CREDIT CARD NO.  
 AMEX VISA MC  
 EXP. DATE 06/01  
 DP 268  
 IN THE EVENT OF AN EMERGENCY CALL  
 By *[Signature]*  
 Customer's Authorized Representative  
 DO NOT WRITE IN THE AREA BELOW  
 0007782393  
 0002-3400-23

1301 Gervais Street - Suite 300  
Columbia, South Carolina 29201  
CUSTOMER NO.

WE CARE

DUNS NO. 053976551  
FED ID NO. 396090019

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AUTO SKILL CENTER  
1632 ATLAS AVENUE BLD 301  
PATRICK AFB FL 32925

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY
407 221-0060	KAY ZIMMERMAN	01/23/02	02-24	0017557247

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
2/17/02	1891		321-494-2537	10-025-5515	PM	06	06	06	06

CREDIT CODE	PREVIOUS BALANCE	BAL. DUE 60 DAYS
05	0000	0000

BUSINESS CODE	CHAM. CODE	OUTER CODE	SYN. NO.	PROD. P.C.
05	0000	0000	0000	0000

DEPT	SERVICE/PRODUCT	SECTAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE TERM	CHANGE DATE	PROMO NO.	RELEASE NO.	MDS
1	00000	00000000			125.00	0.00	125.00	0.00	1776	2	001					
2	00000	00000000			2.9000		2.90									
3	00000	00000000			3.45		3.45									
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TOTAL SERVICE/PRODUCTS	125.00	0.00	125.00	0.00			
USEPA TRANSPORTER 1 ID NO.	0000000000	USEPA TRANSPORTER 2 ID NO.	0000000000	GENERATOR USEPA ID NO.	0000000000	GENERATOR STATE ID NO.	0000000000

11 US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS	13 TYPE	14 QUANTITY	15 UNIT	16 SK DOT NUMBER	17 TOTAL	18 WASTE STREAM	19 CATEGORY	20 INITIALS
FLAMMABLE LIQUID, N.O.S. PETROLEUM NAPHTHA NAT 93	16	DRUM	16	6	001	96	001	001	001

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KILLEN SYSTEMS, INC.	FL 32771
CENTRAL PARK DRIVE	SAFETY-KILLEN SYSTEMS, INC.	FL 32771

CASH	CHECK NUMBER	APPLY PAYMENT TO:	AMOUNT \$	INVOICE #	AMOUNT \$

PREVIOUS CARD NO.	CREDIT CARD NO.	EXP. DATE	AMOUNT \$	INVOICE #	AMOUNT \$

MANIFEST NO.	XXXXXX	LDR MESSAGE	MANIFEST CODE	SEQ #



i

The Safety-Kleen contract has been canceled. The waste mineral spirits from the parts washer will be placed in a waste drum and shipped out via KSC's waste support contractor, SGR. Dynac has ordered a parts washer and Electron, which is a non-hazardous cleaning fluid, to put into the parts washer. Investigation revealed that the procurement 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 procurements dealing with materials that may require disposal go through the Safety, Quality, and Mission Assurance office.

CLOSED

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



Jan S. Gustafson  
Manager, SQ&MA  
Dynacs, Inc.

CC:

R. Brown / A-02  
S. Davis / DNX-6

2 enclosures

ACL Chemical Hygiene Plan with revision record  
Current status of preliminary findings corrective actions

TA-03

Florida Department of Environmental Protection  
Attn: Ms. Debby Valin  
3319 Maguire Boulevard, Suite 232  
Orlando, FL 32803-2767

Subject: Regulatory Compliance Violation

This is notification of a regulatory compliance violation with Dynacore Engineering Co., Inc. at Kennedy Space Center, FL. This office provided a verbal report to Ms. Debra Valin May 17, 2001 from Mr. Rod Brown. The investigation has been completed. Findings revealed a Dynacore employee issued a sub-contract for a Parts Washer with replenishment of the cleaning solvent as needed. The person responsible did not consult with Dynacore Environmental Office resulting in mismanagement of the waste stream. When the solvent was refreshed the waste was transported off center by the sub-contractor on a manifest for a small quantity generator.

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

Should you have any questions or require additional information, please feel free to contact me at 321 667 9006.

Rod Brown  
NASA Environmental Program Office  
Permitting and Compliance

## **Brown-1, Rodney**

---

From: Valin Deby [Deby.Valin@dep.state.fl.us]  
Sent: Monday, July 09, 2001 11:09 AM  
To: 'Rodney Brown'  
Subject: RE: KSC Reg Library Compliance

Hi, Rodney

How's things. Hope all is well. I have a tax report. Will file.

and V.

> -----Original Message---

> From: Brown-1, Rodney [mailto:Rodney.Brown1@dep.state.fl.us]

> Sent: Monday, July 09, 2001 5:06 PM

> To: Valin, Deby

> Cc: DeLaSalle, L. Teresa

> Subject: KSC Reg Library Compliance

>

> CC File: PDES Source.Jul 09

25-92-2091 : 1:02

[illegible]

15-00000-300-1111

CUSTOMER NO.		FOR SERVICE CALL		BRANCH MANAGER		DOC. EXP.		REFUND		RECEIVED	
0002-2900-47		407 321-6080		RAY ZIMMERMAN		10/14/00		00-33		06	
DINER		UTINEX		PO BOX 21087		CAPE CANAVERAL FL 32915		F		107.46	
STEVE CRAWFORD		BLOG M7-503 LEFT AREA / KENNEDY SPACE C		CAPE CANAVERAL FL 32915				ADDRESS		CITY	
CAPE CANAVERAL FL 32915								04		M7	
STREET DATE		SALES REP NO.		CUSTOMER P.O. NUMBER		CUSTOMER PHONE #		TAX CODE		SERVICE TAX	
10/14/00		000000		000000		407-867-9023		10-025-0945		06	
SERIAL		REMARKS		UNIT PRICE		TAX		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCTS		107.46		0.00		107.46		0.00		00	
STATION		PRODUCT		QUANTITY		UNIT PRICE		TOTAL		RELEASE NO.	
000001		107.46		2.9000		0.00		107.46		00	
TOTAL SERVICE/PRODUCT											

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1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

|  |  |                            |  |   |  |                         |  |                 |  |                   |  |
|--|--|----------------------------|--|---|--|-------------------------|--|-----------------|--|-------------------|--|
| CUSTOMER NO.   |  | 407 321-6080 RAY ZIMMERMAN |  | 03/31/01                                |  | 03-05                   |  | 06              |  | 00054864          |  |
| 0002-2900-47   |  | DYNEX DYNACS               |  | PO BOX 21087                            |  | CAPE CANAVERAL FL 32815 |  |                 |  |                   |  |
| DYNACS   |  | STEVE CRAWFORD             |  | BLDG M2-505 LEFT AREA / KENNEDY SPACE C |  | CAPE CANAVERAL FL 32815 |  |                 |  |                   |  |
| SERVICE DATE   |  | SALE REP NO.               |  | CUSTOMER P.O. NUMBER                    |  | CUSTOMER PHONE #        |  | TAX CODE        |  | TAX EXEMPTION NO. |  |
| 03/31/01   |  | 24492                      |  |   |  | 407-867-4426            |  | 10-025-0946     |  | 313001 EXEMPT     |  |
| SERIAL   |  | REMARKS/                   |  | CHARGE                                  |  | SALES                   |  | TOTAL           |  | RELEASE NO.       |  |
| 1030300  |  | 20211759                   |  | 1 104.50                                |  | 0.00                    |  | 104.50          |  |                   |  |
| 1030300  |  | Fuel Surcharge             |  | 2.5000                                  |  |                         |  | 2.50            |  |                   |  |
| TOTAL SERVICE/PRODUCTS   |  |                            |  | 104.50                                  |  | 0.00                    |  | 107.00          |  |                   |  |
| SCR00007513  |  |                            |  |   |  |                         |  |                 |  |                   |  |
| 11. UN DOT DESIGNATION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) |  |                            |  |   |  |                         |  |                 |  |                   |  |
| WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993                      |  |                            |  |   |  |                         |  |                 |  |                   |  |
| 26 IZI NO. 4001 ERG128 6.7 LBS/GAL 0018.0039.0040                              |  |                            |  |   |  |                         |  |                 |  |                   |  |
| DESIGNATED FACILITY NAME AND ADDRESS   |  | SAFETY-KLEEN SYSTEMS, INC. |  | SANFORD                                 |  | FL 32771                |  | STATE ID NO.    |  | FL0784171165      |  |
| CASH   |  | TOTAL RECEIVED             |  | APPLY PAYMENT TO:                       |  | ACCOUNT NO.             |  | ACCOUNT BALANCE |  | TOTAL DUE         |  |
| 0.00   |  | 107.00                     |  | ACCOUNT NO.                             |  | 0005486204              |  | 0002-2900-44    |  | -4                |  |

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|  |  |   |  |                                 |  |                                  |  |                         |  |                        |  |                   |  |
|--|--|---|--|---------------------------------|--|----------------------------------|--|-------------------------|--|------------------------|--|-------------------|--|
| COUNTRY: 2201<br>CUSTOMER NO.  |  | FOR SERVICE CALL<br>UNIT 321-4000                                 |  | BRANCH MANAGER<br>RAY ZIMMERMAN |  | DOC. EXP.                        |  | SERVICE NO.             |  | SERVICE TYPE           |  | 0006061272        |  |
| 0002-2400-47<br>DYNACS<br>PO BOX 21087<br>CAPE CANAVERAL FL 32815                            |  | 0002-2400-47<br>DYNACS<br>PO BOX 21087<br>CAPE CANAVERAL FL 32815 |  | 05/26/70                        |  | 01-13                            |  | 06                      |  | 0006061272             |  | 0006061272        |  |
| DYNACS<br>STEVE CRAWFORD<br>BLDG M7-505 LEFT AREA / KENNEDY SPACE<br>CAPE CANAVERAL FL 32815 |  | 0002-2400-47<br>DYNACS<br>PO BOX 21087<br>CAPE CANAVERAL FL 32815 |  | 05/26/70                        |  | 01-13                            |  | 06                      |  | 0006061272             |  | 0006061272        |  |
| SERVICE DATE<br>7/28/71  |  | SALES REP NO.<br>24480  |  | CUSTOMER P.O. NUMBER            |  | CUSTOMER PHONE #<br>407-867-4421 |  | TAX CODE<br>10-025-0945 |  | SERVICE TAX<br>.06     |  | C.O.S. TAX<br>.06 |  |
| PRODUCT<br>30300   |  | SERIAL<br>3021678   |  | REMAINING UNIT PRICE<br>104.50  |  | CHARGE<br>0.00                   |  | SALES TAX<br>0.00       |  | TOTAL CHARGE<br>104.50 |  | WASTE<br>0.00     |  |
| 0030300  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  | 104.50                          |  | 0.00                             |  | 0.00                    |  | 104.50                 |  | 0.00              |  |
| 0030000  |  | 3021678   |  |                                 |  |                                  |  |                         |  |                        |  |                   |  |

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### SERVICE AND SALES ACKNOWLEDGMENT

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|  |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
|--|-----------------|-------------------|--------------------|----------------------|--------|------------------|--------------|--------------|----------------|---------------|----------|---|------|-----------|-------------|-------------|--|
| CUSTOMER NO.   |                 | PLAN SERVICE LINE |                    | CUSTOMER NAME        |        | DATE             |              | SERVICE TYPE |                | LOCATION      |          | ACCOUNT NO.   |      |           |             |             |  |
| 00002-2900-42  |                 | 407 321-6000      |                    | RAY TIMMERMAN        |        | 05/26/01         |              | 01-13        |                | CA            |          | 0006061272  |      |           |             |             |  |
| DYNACS<br>STEVE CRANFORD<br>BLDG M7-505 LEFT AREA / KENNEDY SPACE<br>CAPE CANAVERAL FL 32815 |                 |                   |                    |                      |        |                  |              |              |                |               |          | 0002-2900-42<br>DYNACS<br>PO BOX 24087<br>CAPE CANAVERAL FL 32813 |      |           |             |             |  |
| SERVICE DATE   |                 | SALES REP NO.     |                    | CUSTOMER P.O. NUMBER |        | CUSTOMER PHONE # |              | TAX CODE     |                | HANDLING CODE |          | SERVICE TAX   |      | COMB. TAX |             | PRODUCT TAX |  |
| 7/29/01  |                 | 74490             |                    |                      |        | 407-867-4421     |              | 10-025-0745  |                | PW            |          | .06   |      | .06       |             | .06         |  |
| SECT   | SERVICE PRODUCT | SERIAL NUMBER     | REMARKS/UNIT PRICE | QTY                  | CHARGE | SALES TAX        | TOTAL CHARGE | WASTE        | SOLVENT/PAINTS | OC            | 25% DISC | CHARGE  | DISC | PROD. NO. | RELEASE NO. |             |  |
| 0030302  | 3023678         |                   |                    | 2                    | 104.50 | 0.00             | 104.50       | 0.00         | 17 17 1 80     |               | 4        |   |      |           |             |             |  |
| 00300001   | Full Service    |                   |                    | 2                    | 9000   |                  | 18000        |              |                |               | 0        |   |      |           |             |             |  |
| TOTAL SERVICE/PRODUCTS   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
|  |                 |                   |                    |                      | 104.50 | 0.00             | 104.50       | 0.00         |                |               |          |   |      |           |             |             |  |
| 107.40   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| SCRO00075150   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| 17. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)               |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| WASTE COMBUSTIBLE LIQUID; N.O.S. PETROLEUM NAPHTHA NA1993                                    |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| PG III R2 B001 ERG126 6.7 LBS/GAL D018, D037, D040   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| DESIGNATED FACILITY NAME AND ADDRESS   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| SAFETY-KLEEN SYSTEMS, INC.   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| 800 CENTRAL PARK DRIVE SANFORD FL 32771  |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| TOTAL RECEIVED   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| APPLY PAYMENT TO   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| SALES TAX  |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| TOTAL DUE  |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| 107.40   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| DO NOT WRITE IN THESE SPACES   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| 0006061272   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |
| 0002-2900-42   |                 |                   |                    |                      |        |                  |              |              |                |               |          |   |      |           |             |             |  |

SERVICE AND SALES ACKNOWLEDGMENT

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

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