



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

02/03/2009

Jeff Curtis, EHS Manager
Safety-Kleen Systems Inc
5610 Alpha Dr
Boynton Beach, FL 33426-8329

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Safety-Kleen Systems Inc located at **600 Central Park Dr, Sanford.**

FLD984171165

Your facility has been registered with the following requested status/activities:

**Treater/Storer/Disposer, HW Transporter, Large Quantity Generator
Used Oil Marketer, Used Oil Recycler, Oil Filters, Used Oil Transporter
Universal Battery Transporter, Universal Lamp Transporter, Universal Device
Transporter**

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,



for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 40794 , Email Address: jeff.curtis@safety-kleen.com

Link: http://approd.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984171165



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 JAN 07 2003
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8760

Date Received (for FDEP Official Use Only)

EPA ID FLD 984 171 165

1. Reason for Submittal

Check correct box:
[] To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
[X] To provide subsequent notification (to update status and facility identification information).

2. Facility or Business Name Safety-Kleen Systems, Inc.

3. Facility Operator (List additional Operators in the comments section).

Name of Operator: Safety-Kleen Systems, Inc.
[] New Operator
Date became Operator: 01/31/1993 mm dd yyyy
Street or P.O. Box: 5360 Legacy Dr., Bldg. 2, Suite 100
Phone Number: 972-265-2000
City or Town: Plano State: TX Zip Code: 75024
Operator Type: [X] Private [] Federal [] Municipal [] State [] Other

4. Facility Physical Location Information

Physical Street Address: 600 Central Park Drive
City or Town: Sanford State: FL Zip Code: 32771
County: Seminole Land Type: [X] Private [] Federal [] Municipal [] State [] Other
Latitude: 28 48 00. N Longitude: 81 19 10 W Method: Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 562112 B. C. D.

6. Facility Mailing Address

Street Address or P.O. Box: 600 Central Park Dr
City or Town: Sanford State: FL Zip Code: 32771

7. Facility Contact Person

First Name: JEFF Last Name: CURTIS Title: EHS
Phone Number: 561-533-4719 Extension: E-Mail: jeff.curtis@safety-klan.com
Street or P.O. Box: 5610 Alpha Drive
City or Town: Boynton Beach State: FL Zip Code: 33426

8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property Owner: Safety-Kleen Systems, Inc.
[] New Owner
Date became Owner: 01/31/1990 mm dd yyyy
Street or P.O. Box: 5360 Legacy Dr., Bldg. 2, Suite 100
Phone Number: 972-265-2000
City or Town: Plano State: TX Zip Code: 75024
Owner Type: [X] Private [] Federal [] Municipal [] State [] Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities (that apply).

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

2. Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.

3. Recycler of Hazardous Waste (at your facility)
Specify: Commercial; Non-Commercial.
Note: A hazardous waste permit may be required for this activity.

4. Exempt Boiler and/or Industrial Furnace
 a. Small Quantity On-site Burner Exemption
 b. Smelting, Melting, and Refining Furnace Exemption

5. Person Authorized to Manage Conditionally Exempt Waste generated at other facilities - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. Underground Injection Control

7. Transporter of Hazardous Waste Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. a. For own waste only; b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____
Address _____

Contact: _____ Telephone: _____
Policy Number: _____ Expiration date: _____

d. Transportation Mode: Air; Rail; Highway; Water; Other - specify _____

e. Hazardous Waste Transfer Facility: Storage Volume _____

B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) <u>Electronics</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time
- a. 5,000 kg or more; Large Quantity Handler (LQH)
 - b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
 - c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. Destination Facility for UW

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. Transporter of UW

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):

C. Used Oil Activities:

- | | |
|--|---|
| <p>1. Used Oil Transporter - Indicate type(s) of activity(ies)</p> <p><input checked="" type="checkbox"/> a. Transporter</p> <p><input checked="" type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p>3. <input type="checkbox"/> Off-Specification Used Oil Burner</p> | <p>4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner</p> <p><input type="checkbox"/> b. Marketer who first claims the used oil meets the specifications</p> <p>5. <input type="checkbox"/> Used Oil Generator</p> |
|--|---|

- D. Other State Regulated Waste Activities:**
1. Used Oil Filter Handler 2. PCW Handler
- These activities may require additional submissions.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Hazardous waste transporters list codes **routinely** or **usually** transported. Use an additional page if more spaces are needed.

1	D001	2	D004	3	D005	4	D006	5	D007	6	D008	7	D009
8	D010	9	D011	10	D018	11	D019	12	D021	13	D022	14	D023
15	D024	16	D025	17	D026	18	D027	19	D028	20	D029	21	D030
22	D032	23	D033	24	D034	25	D035	26	D036	27	D037	28	D038

11. Other Status Changes (Mark 'X' in the appropriate boxes): **D039, D040, D041, D042, D043, F001, F002, F003, F004, F005**

A. Non-Handler of Regulated Waste at this facility

1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
2. Waste generated by business has been delisted.
3. Other (explain) _____

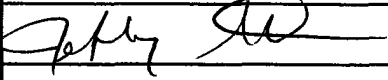
B. Facility Closed

1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
- Contact _____ Phone _____
- Address _____
- City, State, Zip _____

- C. Property Tax Default** **D. Petition for Bankruptcy Protection**

12. Comments:

13. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	JEFF CLARK, EHS manager	2/2/09

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility: