



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

03/31/2009

Sally Schmitt
Safety - Kleen Systems Inc
3003 Breezewood Ln
Neenah, WI 54956-9611

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **3023 Dial Street, Whistler, AL 36612** has been registered through **March 1, 2010** with the following status:

Facility ID # **ALD071951628**
Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2010** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



SAFETY-KLEEN SYSTEMS, INC.

Corp. Compliance, 1502 Villa Street, 2nd Floor, Elgin, IL 60120

CERTIFIED MAIL: 7005 1160 0004 8573 9299

February 25, 2009

FLDEP – HW Management Section
Attn: Theresa Sullivan
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: 2008 Lamp and Device Transporter Permit

Ms. Sullivan,

Per our telephone conversation 2-25-09, attached is the FL NOR for our Whistler AL site.

If there is any additional information required, or should you have any questions/comments, please contact me at 800-669-5840 ext. 6725 or email ben.smith@safety-kleen.com

Sincerely,

Ben Smith
Safety-Kleen Systems, Inc.
847-468-6725 – phone
847-468-6729 – fax
ben.smith@safety-kleen.com

Cc: file, CWC



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)

RECEIVED
MAR 02 2009
BY: BSLW

EPA ID	A L D 0 7 1 9 5 1 6 2 8	MTS	RCRAInfo
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1. Reason for Submittal	Mark 'X' in correct box:	<input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
		<input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information).
		<input type="checkbox"/> Is this the final notification (see instructions) for the facility?

2. Facility or Business Name	SAFETY-KLEEN SYSTEMS, INC.	FEID No.	396090019
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3. Facility Operator (List additional Operators in the comments section).	Name of Operator:	SAFETY-KLEEN SYSTEMS, INC.	<input type="checkbox"/> New Operator
			Date became Operator: 01 / 12 / 90 mm dd yy
	Street or P.O. Box:	3023 DIAL STREET	Phone Number: 251-456-3042
	City or Town:	WHISTLER	State: AL Zip Code: 36612
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____			

4. Facility Physical Location Information	Physical Street Address:	3023 DIAL STREET		
	City or Town:	WHISTLER	State: AL	Zip Code: 36612
	County:	MOBILE	If available, please attach a map or sketch of the facility boundaries.	
	Latitude:	Longitude:	Method: Datum:	

5. Facility North American Industry Classification System (NAICS) Code(s)	A.	562112	B.
	C.		D.

6. Facility or Business Mailing Address	Street Address or P.O. Box:	3023 DIAL STREET		
	City or Town:	MOBILE	State: AL	Zip Code: 36612

7. Facility or Business Contact Person	First Name:	PAUL	Last Name:	ANDREWS	Title:	EHS MANAGER
	Phone Number:	(225)768-1327	Extension:	E-Mail:	PAUL.ANDREWS@SAFETY-KLEEN.COM	
	Street or P.O. Box:	3023 DIAL STREET				
	City or Town:	WHISTLER	State: AL	Zip Code:	36612	

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)	Name of Real Property (Land) Owner:	SAFETY-KLEEN SYSTEMS, INC.	<input type="checkbox"/> New Owner	
			Date became Owner: 01 / 12 / 90 mm dd yy	
	Street or P.O. Box:	5360 LEGACY DR, BLDG 2, SUITE 100	Phone Number:	847-468-6730
	City or Town:	PLANO	State: TX	Zip Code: 75024
Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____				

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(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 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

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- a. Operating Commercial TSD
- b. Operating Non-commercial TSD
- c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: Commercial; Non-Commercial.
A permit is required for storage prior to recycling.**(4) Exempt Boiler and/or Industrial Furnace**

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste**Generated at Other Facilities** - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control** - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

- (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 AMERICAN HOME INSURANCE CO C/O MARSH USA INC.

Address 550 SOUTH MAIN STREET, SUITE 600
GREENVILLE, SC 29601

Contact CARLA AYER - SK RISK MANAGEMENT Telephone 972-265-2854

Policy Number MULTIPLE -SEE ATTACH Expiration date 09-01-2009

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

- e. **Hazardous Waste Transfer Facility:** Storage Volume _____

 Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- Notification of changes in above items**
- Annual update notification**

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
 [Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3800
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	500
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	500
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	200
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5000

(3) **Mercury Recovery and/or Reclamation Facility** Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
 [Chapter 62-737, F.A.C.]

(4) **Reverse Distributor of UW** Pharmaceuticals Lamps Devices

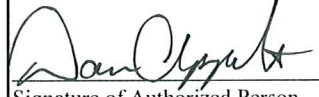
(5) **Destination Facility for UW** Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

- (1) **Used Oil Transporter - indicate type(s) of activity(ies):**
- a. Transporter
 - b. Transfer Facility
- (2) **Collection Center**
- (3) **Used Oil Processor** (A permit is required for this activity.)
- (4) **Off-Specification Used Oil Burner**
- (5) **Used Oil Fuel Marketer**
- (6) **Used Oil Filter**
- a. Transporter
 - b. Transfer Facility
 - c. Processor
 - d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.



Signature of Authorized Person

DAN APPELT

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- our mailing (business) address
- The site (facility) address

D. Other State Regulated Waste Activities: **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]
 Note: A water facility permit may be required for this activity.

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 F002	² F003	³ F005	⁴ D001	⁵ D004	⁶ D005	⁷ D006
⁸ D007	⁹ D008	¹⁰ D009	¹¹ D010	¹² D011	¹³ D018	¹⁴ D019
¹⁵ D021	¹⁶ D023	¹⁷ D024	¹⁸ D025	¹⁹ D026	²⁰ D027	²¹ D028
²² D029	²³ D030	²⁴ D032	²⁵ D033	²⁶ D034	²⁷ D035	²⁸ D036

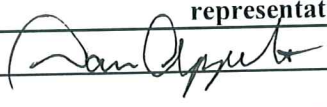
11. Other Status Changes (Mark 'X' in all that apply):

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 Form 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. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	DAN APPELT	02/25/2009

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:
 _____ 847-468-6725 BEN.SMITH@SAFETY-KLEEN.COM
 (Name of person completing this form) (Phone Number) (E-mail Address)

13. Comments:
 D037, D038, D039, D040, D041, D042, D043

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/02/2008

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER
Marsh USA Inc.
550 South Main Street
Suite 600
Greenville, SC 29601
Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax 585000

INSURED
SAFETY-KLEEN SYSTEMS, INC.
AND ITS SUBSIDIARIES AND AFFILIATED COMPANIES
5400 LEGACY DRIVE
CLUSTER II, BUILDING 3
PLANO, TX 75024

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Union Fire Ins Co Pittsburgh PA	19445
INSURER B: Everest National Insurance Co	10120
INSURER C: New Hampshire Insurance Company	23841
INSURER D: Commerce And Industry Ins Co	19410
INSURER E: ACE American Insurance Company	22667

37

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500,000 SIR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	1738263	09/01/08	09/01/09	EACH OCCURRENCE \$ 1,500,000 DAMAGE TO RENTED PREMISES(Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,500,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90	5456250 (AOS) 5456249 (MA) 5456251 (VA) 71G9000034-081 (AOS)	09/01/08 09/01/08 09/01/08 09/01/08	09/01/09 09/01/09 09/01/09 09/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
E		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XOO G24648345	09/01/08	09/01/09	\$ \$ \$ \$
C	D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1273343 (AOS) 1273315 (WI, WY) 1273314 (CA) See Additional Text for FL, OR, TX	09/01/08 09/01/08 09/01/08 09/01/08	09/01/09 09/01/09 09/01/09 09/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
F	G	OTHER CONTRACTORS OPS & PROF SERVICES POLLUTION LEGAL LIABILITY SIR \$1,000,000	COPS1959257 PEC002102002	09/01/08 09/01/08	09/01/09 09/01/09	EACH LOSS 5,000,000 AGGREGATE 10,000,000 EACH LOSS 10,000,000 AGGREGATE 10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
SAMPLE ONLY.

CERTIFICATE HOLDER ATL-001548528-108

SAFETY-KLEEN SYSTEMS, INC.
AND ITS SUBSIDIARIES AND AFFILIATED COMPANIES
5400 LEGACY DRIVE
CLUSTER II, BUILDING 3
PLANO, TX 75024

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.



© ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ADDITIONAL INFORMATION

ATL-001548528-108

DATE (MM/DD/YY)
09/02/2008

PRODUCER	INSURERS AFFORDING COVERAGE	
		NAIC #
Marsh USA Inc. 550 South Main Street Suite 600 Greenville, SC 29601 Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax 585000	INSURER F: American International Specialty Lines Ins Co	26883
	INSURER G: Greenwich Insurance Company	22322
	INSURER H: Various - See Attached	
	INSURER I:	

INSURED
SAFETY-KLEEN SYSTEMS, INC.
AND ITS SUBSIDIARIES AND AFFILIATED COMPANIES
5400 LEGACY DRIVE
CLUSTER II, BUILDING 3
PLANO, TX 75024

TEXT

WC Continued:

Policy #4. 1273230
States: FL
Effective: 09/01/2008 - 09/01/2009
Illinois National Insurance Company - AIG

Policy #5. 1273231
States: OR
Effective: 09/01/2008 - 09/01/2009
National Union Fire Ins. Co. - AIG

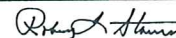
Policy #6. 1273232
States: TX
Effective: 09/01/2008 - 09/01/2009
New Hampshire Insurance Company - AIG

Policy #7. 1273313
States: MA
Effective: 09/01/2008 - 09/01/2009
Insurance Company State of PA - AIG

CERTIFICATE HOLDER

SAFETY-KLEEN SYSTEMS, INC.
AND ITS SUBSIDIARIES AND AFFILIATED COMPANIES
5400 LEGACY DRIVE
CLUSTER II, BUILDING 3
PLANO, TX 75024

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.





Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RECEIVED

JAN 30 2009

BY: David B. Struhs
Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

SAFETY-KLEEN SYSTEMS, INC 3023 DIAL ST Whistler, AL
Facility Name Street Address City and State
847-468-6725 847-468-6729 ben.smith@safety-kleen.com
Phone Fax E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year.

4700

Types: Fluorescent HID

2. Estimated number of DEVICES handled during the last calendar year. 100

Types: Thermostats Electric Switches/Relays
Thermometers Manometers Other

3. Estimated weight of DEVICES handled during the last calendar year. 95 lb.
(NOT ballasts)

4. Where do the lamps (L) and devices (D) go for recycling? Check the appropriate box and provide the quantity recycled.

4700 Safety-kleen Denton, TX 940-483-5200
Number L D Facility Name City/State Phone

100 Safety-kleen Denton, TX 940-483-5200
Number L D Facility Name City/State Phone

Number L D Facility Name City/State Phone

DAN APPELT
Print Name of Authorized Agent

Dan Appelt
Signature of Authorized Agent

1/21/09
Date

"More Protection. Less Process"

Initials _____
Date _____

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes No

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

ALD 071951628 - EPA ID FOR SK - WHISTLER, AL

Submitted Previously _____ Submitted in What Year? _____

DAN APPELT  1/21/09
Print Name of Authorized Agent Signature of Authorized Agent Date

Complete, sign and return this checklist along with your registration form to:

Laurie Tenace, MS 4555
Hazardous Waste Management Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 488-0300 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChkl.doc