



September 10, 2009

Mr. Daniel Kuncicky
Hazardous Waste Permitting
Florida Department of Environmental Protection
2600 Blair Stone Rd., M.S. #4560
Tallahassee, FL 32399

**RE: Safety-Kleen Systems, Inc. Tallahassee Facility – 4426 Entrepot Blvd.,
Tallahassee, FL 32310; EPA ID# FLD 982 133 159; Hazardous Waste
Operating Permit Renewal Application.**

Dear Mr. Kuncicky:

Safety-Kleen Systems, Inc. is submitting the enclosed copy of the above-referenced Operating Permit Renewal application. Also enclosed is a copy of the \$10,000 application fee check that was sent to the Department. I am also sending a copy of this submittal to the FDEP Northwest District.

There are no changes to the facility plan, operation, or closure or post-closure activities, or any changes to the application filed in support of the existing permit. Facility figures in the existing permit 9207-HO-006 have been modified to reflect minor changes. These changes include; Figure 2.1-1 - clearly defined FRS 10-Day Transfer Waste area, Figure 8.1-1 – more clearly defined and labeled 10-Day Transfer Waste Area , Figure 9.2-1 - labeled Used Oil Tank & added the word Fresh to the 150 solvent tank and the number 105 to the Fresh Parts Washer Solvent Tank, and Figure 9.3-1 – correctly relabeled Active Dumpster as Continued Use VAT.

If you have any questions or comments, please contact me at 561-738-3026, or 561-523-4719.

Best regards,

Jeff Curtis
EHS Manager
Safety-Kleen Systems, Inc.





August 31, 2009

Certified Mail #70072680000015834863

Mr. Daniel Kuncicky
Hazardous Waste Permitting
Florida Department of Environmental Protection
P.O. Box 3070
Tallahassee, FL 32315-3070

**RE: Safety-Kleen Systems, Inc. Tallahassee Facility – 4426 Entrepot Blvd.,
Tallahassee, FL 32310; EPA ID# FLD 982 133 159; Hazardous Waste
Operating Permit Renewal Application**

Dear Mr. Kuncicky:

Safety-Kleen Systems, Inc. Tallahassee hazardous waste operating permit (009207-HO-006) will expire on March 14, 2010. Enclosed is a check in the amount of \$10,000.00 per Rule 62-730.293, F.A.C. for the permit renewal.

If you have any questions or comments, please contact me at 561-738-3026, or 561-523-4719.

Best regards,

Jeff Curtis
EHS Manager
Safety-Kleen Systems, Inc.



CHECK NO: 10659278

Invoice Number	Invoice Date	Document Number Text	Gross Amount	Discount	Net Amount
95708172009	08/17/2009	1900829951 - UPS-JC	10,000.00	0.00	10,000.00
		Check Total			\$ 10,000.00
PAYOR:	202957	FLORIDA DEPARTMENT OF ENVIRON			



Safety-Kleen Systems, Inc

J.P. Morgan Chase Bank N.A.

6380
Building
Plano, TX 75024

Chicago, Illinois

70-2322

719

10659278

0941591

DATE: 08/18/2009

*****10,000.00

VOID AFTER 90 DAYS

TEN THOUSAND DOLLARS
FLORIDA DEPARTMENT OF ENVIRON
POST OFFICE BOX 3070
TALLAHASSEE FL 32315-3070

Polina
Authorized Signature

⑈ 10659278 ⑈ ⑈ 071923226 ⑈

0941591 ⑈

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**APPLICATION FOR A HAZARDOUS WASTE PERMIT
PART I – GENERAL
TO BE COMPLETED BY ALL APPLICANTS**

Please Type or Print

A. General Information

1. Type of Facility in accordance with Part 270.13(a)

- DISPOSAL
- Landfill Land Treatment Surface Impoundment
- Miscellaneous Units Type of Unit _____
- STORAGE
- Containers Tanks Piles
- Surface Impoundment Containment Building
- Miscellaneous Unit Type of Unit _____
- TREATMENT
- Tanks Piles Surface Impoundment
- Incineration Containment Building
- Boiler / Industrial Furnace Type of Unit _____
- Miscellaneous Unit Type of Unit _____

2. Type of application:

- Temporary Operation Permit (TOP)
- Construction Permit
- Operation Permit
- Construction & Operation Permit
- Research, Development & Demonstration (RD&D) Permit
- Postclosure Permit
- Clean Closure Plan
- Subpart H Remedial Action Plan
- Equivalency Demonstration

3. Revision Number: 09/15/09

4. Date current operation began, or is expected to begin: 1 / 1 / 1990

5. Facility Name Safety-Kleen Systems, Inc.

6. EPA/DEP I.D. No. FLD 982133159

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7. Facility location or street address 4426 Entrepot Blvd., Tallahassee, FL 32310

8. Facility mailing address 4426 Entrepot Blvd.

Tallahassee	street or P.O. Box	FL	32310
city		state	zip

9. Contact person Jeff Curtis Telephone (561) 523-4719

Title EHS Manager

Mailing address 5610 Alpha Drive

Boynton Beach	street or P.O. Box	FL	33426
city		state	zip

E-mail address jeff.curtis@safety-kleen.com

10. Operator's name Safety-Kleen Systems, Inc. Telephone (972) 265-2000

Mailing address 5360 Legacy Drive, Building 2, Suite 100

Plano	street or P.O. Box	TX	75024
city		state	zip

11. Facility owner's name Safety-Kleen Systems, Inc. Telephone (972) 265-2000

Mailing address 5360 Legacy Drive, Building 2, Suite 100

Plano	street or P.O. Box	TX	75024
city		state	zip

12. Legal structure
- Corporation Non-profit corporation Partnership Individual
- Local government State government Federal government Other

13. If an individual, partnership, or business is operating under an assumed name, specify the county and state where the name is registered.

County N/A State _____

14. If the legal structure is a corporation, indicate the state of incorporation.

State of incorporation Texas

15. If the legal structure is an individual or partnership, list the owners.

Name N/A

Address _____
Street or P.O. Box city state zip

Name _____

Address _____
Street or P.O. Box city state zip

16. Site ownership status

- Owned To be purchased To be leased _____ years
 Presently leased; the expiration date of the lease is ____/____/____.

If leased, indicate land owner's name _____

Address _____
Street or P.O. Box city state zip

17. Name of engineer Bob Fox Registration No. 40980

Address 5909 Hampton Oaks Pkwy., S Tampa FL 33610
Street or P.O. Box city state zip

Associated with Environmental Resources Management

18. Is the facility located on Indian land? Yes No

19. Existing or pending environmental permits (attach a separate sheet if necessary)

NAME OF PERMIT	AGENCY	PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE
Used Oil	FDEP	FLD 982133159	6/30/09	6/30/10
Mercury Lamps	FDEP	FLD 982133159	2/2/09	3/1/10
Stormwater	FDEP	FLRNEE336	11/6/04	11/3/09

B. Site Information

1. The facility is located in Leon County.
The nearest community to the facility is Tallahassee
Latitude 30° 23' 58" N Longitude 84° 19' 36" W
Method and datum _____

2. The area of the facility site is 2.3 acres.

3. Attach a scale drawing and photographs of the facility showing the location of all past, present, and future treatment, storage and disposal areas. Also show the hazardous wastes traffic pattern including estimated volume and control.

4. Attach a topographic map which shows all the features indicated in the instructions for this part.

5. Is the facility located in a 100-year flood plain? Yes No

6. The facility complies with the wellhead protection requirements of Rule 62-730.521, F.A.C. Yes No

C. Land Use Information

1. The present zoning of the site is Light Industrial (LI)

2. If a zoning change is needed, what should the new zoning be? N/A

D. Operating Information

1. Is waste generated on-site? Yes No

2. List the NAICS codes (5 to 6 digits) 562112

3. Use the codes and units provided in the instructions to complete the following table. Specify:

- a. Each process used for treating, storing or disposing of hazardous waste (including design capacities) at the facility, and
- b. The hazardous waste(s) listed or designated in 40 CFR Part 261, including the annual quantities, to be treated, stored, or disposed by each process at the facility.

PROCESS CODE	PROCESS DESIGN CAPACITY AND UNITS OF MEASURE	HAZARDOUS WASTE CODE	ANNUAL QUANTITY OF HAZARDOUS WASTE AND UNITS OF MEASURE
See Attached			

**TABLE 7.1-1
PERMITTED AND TRANSFER WASTES**

Waste Type	Process Code(s)	Estimated Annual Amounts (Tons)	Waste Codes
Spent Parts Washer Solvent	S01* S02**	395	D001 and D-codes listed in Note below
Branch-Generated Liquids Solids (Debris)	S01*	4	D001 and D-codes listed in Note below; F001, F002, F003, F004, F005
Dumpster Sediment	S01*	Included above	D001 and D-codes listed in note below
Tank Bottoms	S01*	Included above	D001 and D-codes listed in note below
Used Immersion Cleaner (IC 699)	S01*	14	D-codes listed in note below
Dry Cleaning Waste (Perchloroethylene)	S01*	150	F002 and D-codes listed in note below
Dry Cleaning Waste (Non-perchloroethylene)	S01*	Included above	D-codes listed in note below
Paint Wastes	S01*	30	D001, F003, F005 and D-codes listed in note below
Fluid Recovery Service (FRS)	S01***	125	Transfer wastes-waste codes assigned by generator
Mercury-Containing Lamps/Devices	N/A***	Less than 2.2	N/A-handled as non-hazardous transfer wastes
Aqueous Brake Cleaner	S01* S02**	18	D-codes listed in note below

NOTES:

D-Codes: D004, D005, D006, D007, D008, D009, D010, D011, D018, D019, D021, D022, D023, D024, D025, D026, D027, D028, D029, D030, D032, D033, D034, D035, D036, D037, D038, D039, D040, D041, D042, D043

- * This waste will be stored in containers in the building container storage area. The maximum capacity in the container storage area for hazardous waste and transfer FRS hazardous waste is 25,937 gallons with 6,912 gallons being permitted waste.
- ** The spent parts washer solvent storage tank has a capacity of 15,000 gallons and may be filled to 14,250 gallons
- *** This waste will be held for transfer in containers in the transfer area and designated mercury bulb storage area

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P. Information Requirements Regarding Potential Releases From Solid Waste Management Units

Facility Name Safety-Kleen Systems, Inc.

EPA/DEP I.D. No. FLD 982133159

Facility location Tallahassee Florida
city state

1. Are there any of the following solid waste management units (existing or closed) at your facility? A solid waste management unit (SWMU) is a discernable unit at which solid wastes have been placed at any time, irrespective of whether the unit was intended for the management of solid or hazardous waste. Such units include all areas at a facility where solid wastes have been routinely and systematically released, as described in the July 27, 1990 Federal Register (55 FR 30798).

DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART B APPLICATION.

- | | | |
|--------------------------------|---|--|
| landfill | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| surface impoundment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| land farm | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| waste pile | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| incinerator | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| storage tank | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| container storage area | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| injection wells | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| wastewater treatment units | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| transfer station | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| waste recycling operations | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| land treatment facility | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| boiler/industrial furnace | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| other (units not listed above) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

2. If there is a "yes" answer to any of the items in 1. above, on separate sheet(s) of paper, provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, focus on whether or not the wastes would be considered hazardous wastes or hazardous constituents under RCRA. (Hazardous wastes are those identified in 40 CFR Part 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.) Include any available data on quantities or volumes of wastes disposed of and the dates of disposal. Provide a description of each unit and include capacity, dimensions, and location at the facility. Provide a site plan, if available, and the dates of operation of the unit [40 CFR 270.14(d)(1)].

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3. On separate sheet(s) of paper, describe all data available on all prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring, for each unit noted in 1. above and also for each hazardous waste unit in your Part B application [40 CFR 270.14(d)(1)].

Provide the following information for each SWMU:

- a. Date of release.
 - b. Specifications of all wastes managed at the unit, to the extent available.
 - c. Quantity or volume of waste released.
 - d. Describe the nature of the release (i.e., spill, overflow, ruptured pipe or tank, etc.)
 - e. Location of the unit on the topographic map provided under 40 CFR 270.14(b)(19).
 - f. Designate the type of unit.
 - g. General dimensions and structural description (supply any available drawings).
 - h. Dates of operation.
4. On separate sheet(s) of paper, provide for each unit all analytical data that may be available which would describe the nature and extent of the environmental contamination that exists as a result of the prior releases described in 3. above. Focus on the concentrations of hazardous wastes or constituents present in contaminated soil or groundwater [40 CFR 270.14(d)(3)].

Part I

P. INFORMATION REQUIREMENTS FOR SOLID WASTE MANAGEMENT UNITS

Part I.P. of the Florida Department of Environmental Protection's (FDEP's) Application for a Hazardous Waste Permit outlines the information requirements for solid waste management units (SWMU's) at the facility. This section provides the required information.

The USEPA conducted a RCRA Facility Assessment (RFA) at the Tallahassee facility and identified two SMWUs at the facility. The two SMWUs are listed below.

SWMU NUMBER	DESCRIPTION
1	Container Storage Area and Associated Trench
2	Tank Farm

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**APPLICATION FOR A HAZARDOUS WASTE FACILITY PERMIT CERTIFICATION
TO BE COMPLETED BY ALL APPLICANTS**

Signature and Certification

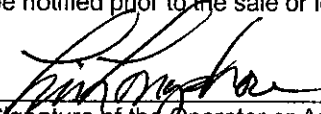
Facility Name Safety-Kleen Systems, Inc.

EPA/DEP I.D. No. FLD 982133159

The following certifications must be included with the submittal of an application for a hazardous waste authorization. The certifications must be signed by the owner of a sole proprietorship; or by a general partner of a partnership; or by a principal executive officer of at least the level of vice president of a corporation or business association, or by a duly authorized representative of that person. If the same person is a facility operator, facility owner, and real property owner, that person can cross out and initial the signature blocks under "1. Facility Operator" and "2. Facility Owner," and add the words "Facility Owner and Operator" at the line "Signature of the Land Owner or Authorized Representative."

1. Facility Operator

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 gathered and evaluated 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. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, and all rules of the Department of Environmental Protection. It is understood that the permit is only transferable in accordance with Chapter 62-730, F.A.C., and, if granted a permit, the Department of Environmental Protection will be notified prior to the sale or legal transfer of the permitted facility.


Signature of the Operator or Authorized Representative*

LEN LONGSHORE VP OF EHS (EAST GROUP)
Name and Title (Please type or print)

Date 8/17/2009


Telephone (803) 665-9422

- Attach a letter of authorization

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2. Facility Owner

This is to certify that I understand this application is submitted for the purpose of obtaining a permit to construct, operate, or conduct remedial activities at a hazardous waste management facility on the property as described. As owner of the facility, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, and all rules of the Department of Environmental Protection.


Signature of the Facility Owner or Authorized Representative*

LEN LONGSHORE - VP OF EHS (EAST Group)
Name and Title (Please type or print)

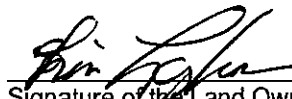
Date 8/17/2009

Telephone (803) 665-9422

* Attach a letter of authorization

3. Land Owner

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit for the construction, operation or postclosure of a hazardous waste management facility on the property as described. For hazardous waste facilities that close with waste in place, I further understand that I am responsible for providing the notice in the deed to the property required by 40 CFR 264.119 and 265.119, as adopted by reference in Chapter 62-730, F.A.C.


Signature of the Land Owner or Authorized Representative*

LEN LONGSHORE - EHS VP (EAST Group)
Name and Title (Please type or print)

Date 8/19/2009

Telephone (803) 665-9422

* Attach a letter of authorization

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4. Professional Engineer Registered in Florida

Complete this certification when required to do so by Chapter 471, F.S., or when not exempted by Rule 62-730.220(7), F.A.C.

This is to certify that the engineering features of this hazardous waste management facility have been designed or examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgement, this facility, when properly constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and rules of the Department of Environmental Protection.

Robert W. Fox

Signature

Robert W. Fox

Name (please type)

Florida Registration Number 40980

Mailing Address 5909 Hampton Oaks Pkwy, Ste D
street or P.O. Box

Tampa, FL 33610
city state zip

Date 9/10/09

Telephone (813) 622-8727

(PLEASE AFFIX SEAL)

Robert W. Fox
 9/10/09

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5. Professional Geologist Registered in Florida

Complete this certification when required to do so by Chapter 492, F.S., or when not exempted by Rule 62-730.220(8), F.A.C.

This is to certify that the interpretations of geology at this hazardous waste management facility have been examined by me, and the interpretations conform to sound geological principles. In my professional judgement, this facility, when properly constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and the rules of the Department of Environmental Protection.

N/A

Signature _____

Name (please type) _____

Florida Registration Number _____

Mailing Address _____
street or P.O. Box

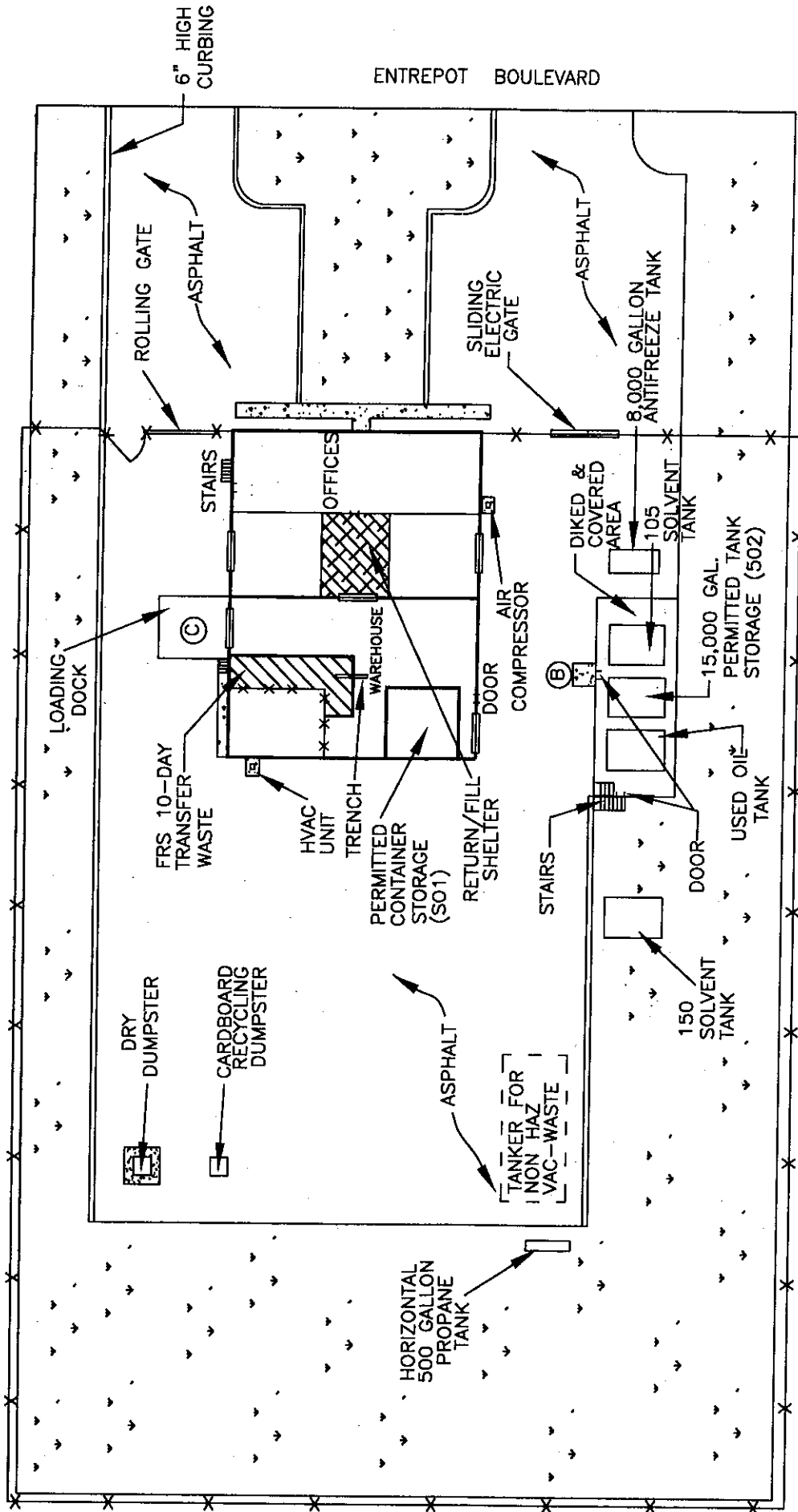
_____ city state zip

Date _____

Telephone (____) _____

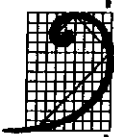
(PLEASE AFFIX SEAL)

FIGURE 2.1-1
FACILITY LAYOUT & ACCESS CONTROL FEATURES
SAFETY-KLEEN CORP. FACILITY
TALLAHASSEE, FLORIDA



LEGEND

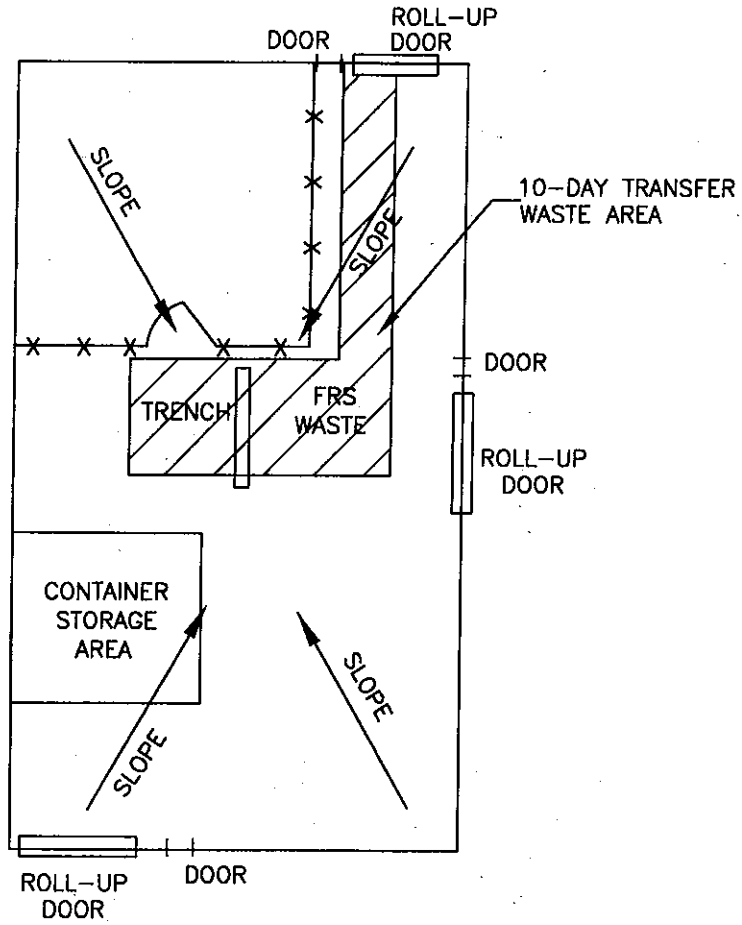
	FENCE
	PROPERTY BOUNDARY
	CONCRETE
	GRATING
	VEGETATION
	ROLL UP DOOR



ERM.

FIGURE 8.1-1
 CONTAINER STORAGE AREA
 SAFETY-KLEEN CORP. FACILITY
 TALLHASSEE, FLORIDA

REVISION 0 - 09/10/09



LEGEND

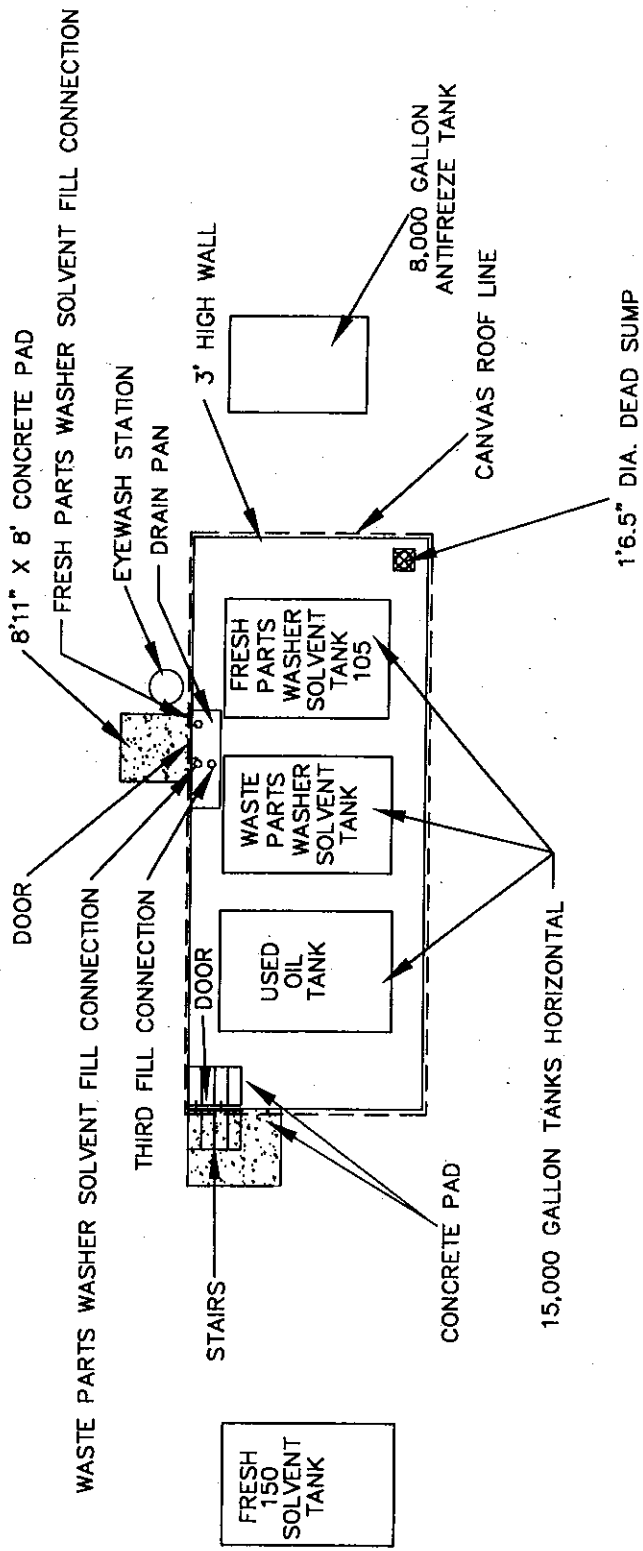
— x — x — FENCE



0 20
 APPROXIMATE SCALE
 (FEET)



FIGURE 9.2-1
TANK FARM AREA
SAFETY-KLEEN CORP. FACILITY
TALLAHASSEE, FLORIDA

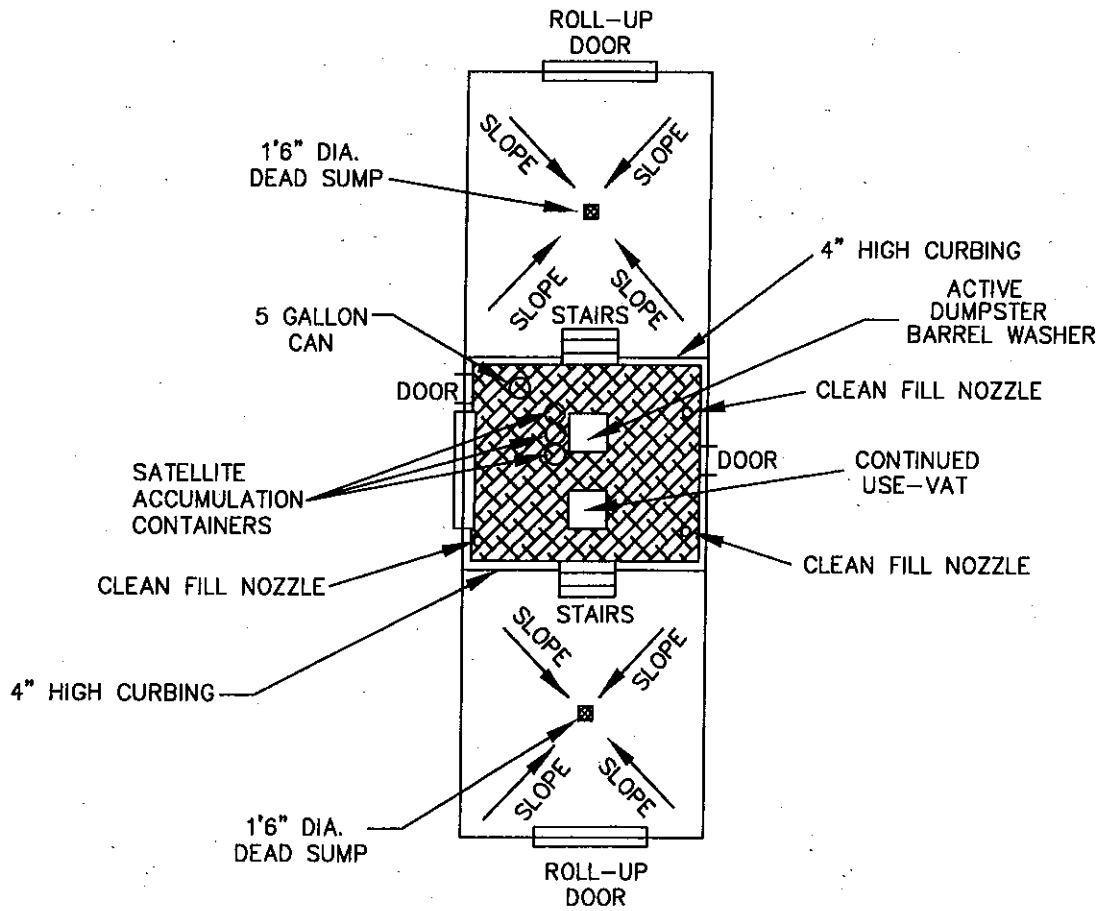


NOTE: THIS IS AN ENCLOSED BUILDING


APPROXIMATE SCALE IN FEET



FIGURE 9.3-1 RETURN/FILL SHELTER SAFETY-KLEEN CORP. FACILITY TALLAHASSEE, FLORIDA



LEGEND

 GRATING


0 APPROXIMATE SCALE 20
FEET

