



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



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.				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	S02	43			P	
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 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.</p>										

<p>HAZARDOUS WASTE REPORT</p> <p>Use this form as a cover for all required reports.</p>	<p>1. TYPE OF HAZARDOUS WASTE REPORT</p> <p>PART A: GENERATOR ANNUAL REPORT THIS REPORT IS FOR THE YEAR ENDING DEC 20</p> <p>PART B: FACILITY ANNUAL REPORT THIS REPORT IS FOR THE YEAR ENDING DEC 20</p> <p>PART C: UNMANIFESTED WASTE REPORT THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 09 / 07 / 1999</p>				
<p>II. INSTALLATION'S EPA ID NUMBER FLD984171165</p>					
<p>III. NAME OF INSTALLATION SAFETY-KLEEN SYSTEMS, INC.</p>					
<p>IV. INSTALLATION MAILING ADDRESS 600 CENTRAL PARK DRIVE SANFORD, FL 32771</p>					
<p>V. LOCATION OF INSTALLATION 600 CENTRAL PARK DRIVE SANFORD, FL 32771</p>					
<p>VI. INSTALLATION CONTACT</p> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">NAME (last and first)</td> <td style="width:40%; border: none;">PHONE NO. (area code & no.)</td> </tr> <tr> <td style="border: none;">RAY ZIMMERMAN</td> <td style="border: none;">407 321 6080</td> </tr> </table>		NAME (last and first)	PHONE NO. (area code & no.)	RAY ZIMMERMAN	407 321 6080
NAME (last and first)	PHONE NO. (area code & no.)				
RAY ZIMMERMAN	407 321 6080				
<p>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</p>					
<p>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</p> <p>A. COST ESTIMATE FOR FACILITY CLOSURE</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">\$</td> <td style="width:50%; border: none;">\$</td> </tr> </table>		\$	\$		
\$	\$				
<p>IX. CERTIFICATION</p> <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>					
<p>_____</p> <p>A. Print or Type Name</p>	<p>_____</p> <p>B. Signature</p>	<p>_____</p> <p>C. Date Signed</p>			

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.				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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	-	-	-19	<input type="checkbox"/> Part B		<input checked="" type="checkbox"/> Part C		F	L	D	9	8	4	1	7	1	1	6
XVIII. GENERATORS EPA ID NO.				XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)														
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BREVARD FIRE RESCUE FLEET				COCOA, FL 32926														
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BREVARD FIRE RESCUE FLEET				351 WENNER WAY COCOA, FL 32926						
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	2. Received By						F L D 9 8 4 1 7 1 1 6 6			
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							
BREVARD FIRE RESCUE FLEET			351 WENNER WAY COCOA, FL 32926							
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	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 2 0		
PART C: UNMANIFESTED WASTE REPORT		
THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)		
0 9 / 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.)
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		
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THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 2 0 / 1 1 / 2 0 0 0		
II. INSTALLATION'S EPA ID NUMBER F L D 9 8 4 1 7 1 1 6 5		
III. NAME OF INSTALLATION 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) 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
VII. TRANSPORTATION SERVICES USED (for Part A reports only)		
[Empty Section]		
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)		
A. COST ESTIMATE FOR FACILITY CLOSURE		
\$ [Empty]		\$ [Empty]
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.		
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		_____ C. Date Signed