



## Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

02/03/2010

Brenda Hassler  
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 **600 Central Park Dr, Sanford, FL 32771-6690** has been registered through **March 1, 2011** with the following status:

Facility ID # **FLD984171165**  
**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 **2011** 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](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Hazardous Waste Management Section

Enclosures



**J. J. Keller**  
& Associates, Inc.

3003 W. Breezewood Lane, P.O. Box 368  
Neenah, Wisconsin 54957-0368  
(920) 722-2848  
www.jjkeller.com

*"Publishing & Services Since 1953"*

January 19, 2010

Laurie Tenace MS4555  
Dept of Environmental Protection  
2600 Blair Stone Road  
Tallahassee FL 32399-2400

**SUBJECT: Safety-Kleen Systems Inc Universal Lamp and Device Transporter renewal.**

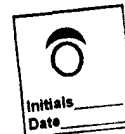
Enclosed are the 2010 Hazardous Universal Lamp renewal application and checklist for each of the Safety-Kleen Systems locations.

Please process the renewals and email Brenda Hassler at J.J. Keller the new permits. Her email address is [Bhassler@jjkeller.com](mailto:Bhassler@jjkeller.com).

If you have any questions, please call me at 800-558-5011 ext 2397.

Sincerely,

Brenda Schaffer  
Client Service Representative



**POWER OF ATTORNEY  
LICENSES, PERMITS, TAXES, REPORTS**

State of Texas  
County of Collin

**KNOW ALL MEN BY THESE PRESENTS** that Safety-Kleen Systems Inc

, an Corporation (Individual, Partnership or Corporation) having an office at 5360 Legacy Drive Building 2 Suite #100 Plano TX 75024, acting through the undersigned does hereby designate and appoint **J. J. KELLER & ASSOCIATES, INC.**, a Corporation with offices at 3003 W. Breezewood Lane, Neenah, WI as Attorney-In-Fact for the said Safety-Kleen Systems Inc

for the following limited and special purposes:

To obtain, complete, execute, renew, and deliver applications for fuel, highway use tax, reciprocity, mileage, over dimensional and similar permits, licenses, titles, and apportioned licenses of the states of the United States and provinces of Canada in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by Safety-Kleen Systems Inc  
and

To obtain, complete, execute, renew, and deliver applications for private, exempt, or intrastate authority with the various state commissions and/or file authority as granted by the Federal Highway Administration with the various state commissions in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by Safety-Kleen Systems Inc  
and

To prepare, execute, and deliver fuel tax, mileage tax, ton-mile tax, and apportioned reports required to be filed with the states of the United States and provinces of Canada, and provide audit representation for those taxes and reports.

This **POWER OF ATTORNEY** is restricted and limited to the matters specifically set forth herein for the term beginning July 28, 2008

**IN WITNESS WHEREOF** Safety-Kleen Systems Inc

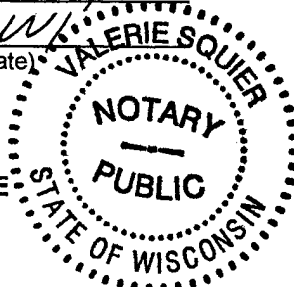
has caused these presents to be executed by a duly authorized officer or owner hereto this \_\_\_\_\_ day of Sept 23, 2008

Sworn to and subscribed before me this

23 day of 9-08

My commission expires 9-11-11

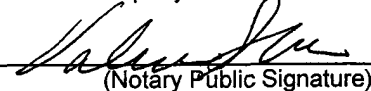
Winnipeg (County) WI (State)



AFFIX SEAL HERE

  
(Company Authorized Signature)

Virgil W Duffie III/Assistant Secretary  
(Printed Company Authorized Name and Title)

  
(Notary Public Signature)



8700-12FL - FLORIDA NOTIFICATION

REGULATED WASTE ACTIVITY

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

RECEIVED
JAN 20 2001

EPA ID FL D 9 8 4 1 7 1 1 6 5

1. Reason for Submittal
Mark 'X' in correct box:
[ ] To provide initial notification
[X] To provide subsequent notification
[ ] Is this the final notification

2. Facility or Business Name SAFETY-KLEEN SYSTEMS INC
FEID No. 3 9 6 0 9 0 0 1 9

3. Facility Operator
Name of Operator: SAFETY-KLEEN SYSTEMS INC
Street or P.O. Box: 600 CENTRAL PARK DRIVE
City or Town: SANFORD
State: FL
Zip Code: 32771
Operator Type: [X] Private [ ] Federal [ ] Municipal [ ] State [ ] Other

4. Facility Physical Location
Physical Street Address: 600 CENTRAL PARK DRIVE
City or Town: SANFORD
State: FL
Zip Code: 32771
County: Choose
If available, please attach a map or sketch of the facility boundaries.

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: 3003 BREEZEWOOD LANE PO BOX 368
City or Town: NEENAH
State: WI
Zip Code: 54957-0368

7. Facility or Business Contact Person
First Name: BRENDA
Last Name: HASSLER
Title: AUTH AGENT
Phone Number: 800-558-5011
Extension: 7351
E-Mail: Bhassler@iikeller.com
Street or P.O. Box: 3003 W BREEZEWOOD LANE
City or Town: NEENAH
State: WI
Zip Code: 54957

8. Real Property (Land) Owner of the Facility's Physical Location
Name of Real Property (Land) Owner: SAFETY-KLEEN SYSTEMS INC
Street or P.O. Box: 5360 LEGACY DRIVE BLDG 2 SUITE 100
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 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 NATIONAL UNION FIRE INC OF PITTSBURG PA 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 ATTACHED Expiration date 9/1/10

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"/>	550
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	500
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2400

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

*Brenda Schaffer JJ Keller*  
Signature of Authorized Person

BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT  
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	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 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)
<i>Brenda Schaffer/JJ Keller</i>	BRENDA Schaffer/JJKeller	01-14-2010

**If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:**

BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT      800-558-5011 EXT 2397      bschaffer@jjkeller.com  
 (Name of person completing this form)      (Phone Number)      (E-mail Address)

**13. Comments:**

#10 (CON'T) D039, D040, D041, D042, D043, F002, F003, F005



# Department of Environmental Protection

Jeb Bush  
Governor

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

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 which are not engaging in transport activities need not complete this form.*

*EPA# FL0984171165*

SAFETY-KLEEN SYSTEMS, INC      600 CENTRAL PARK DRIVE      SANFORD      FL  
 Facility Name                                  Street Address                                  City and State  
800-558-5011 X7351      920-727-7550      bhassler@jtkeller.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.

- Estimated number of LAMPS handled during the last calendar year. 21549  
 Types:       Fluorescent                                   HID
- Estimated number of DEVICES handled during the last calendar year. 0  
 Types: Thermostats                                  Electric Switches/Relays  
           Thermometers                                  Manometers                                  Other \_\_\_\_\_
- Estimated weight of DEVICES handled during the last calendar year. 0 lb.
- Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

21549      AERAL IN W MELBOURNE FL      321-952-1516  
 Number  D      Facility Name                                  City/State                                  Phone

Number L D      Facility Name                                  City/State                                  Phone

Number L D      Facility Name                                  City/State                                  Phone

BRENDA Schaffer/JTKeller      Brenda Schaffer/JTKeller      1-14-2010  
 Print Name of Authorized Agent      Signature of Authorized Agent      Date



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

N/A

1. Is your 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.

Submitted Previously \_\_\_\_\_

Submitted in What Year? \_\_\_\_\_

BRENDA Schaffert Keller

Brenda Schaffert Keller

1-14-2010

Print Name of Authorized Agent

Signature of Authorized Agent

Date

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

Ms. Irene Gleason 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 Ms. Irene Gleason at (850) 488-0300 or via e-mail at [irene.gleason@dep.state.fl.us](mailto:irene.gleason@dep.state.fl.us).

**Thank you for your cooperation in providing this information.**

TransChkl.doc