



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

04/27/2010

Brenda Hassler, Authorized Agent
Safety-Kleen Systems Inc
3003 W Breezewood Lane
Neenah, WI 54957-0368

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 **359 Cypress Rd, Ocala.**

FLR000060301

Your facility notified FDEP requesting the following status/activities:

**Conditionally Exempt SQG
Used Oil Marketer, Used Oil Processor, Oil Filters, Used Oil Transporter & Transfer
Facility**

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: 1538 , Email Address: bhassler@jjkeller.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000060301

**8700-12FL - FLORIDA NOTIFICATION OF****REGULATED WASTE ACTIVITY**

DEP Waste Management Division-HWRS, MS4360

2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8772

FEB 16 2013

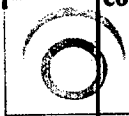
BY: BSHW

EPA ID

F L R 0 0 0 0 6 0 3 0 1

1. Reason for Submittal

Mark 'X' in correct box:



Initials _____

Date _____

☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).☒ To provide **subsequent notification** (to update status and facility identification information).☐ Is this the **final notification** (see instructions) for the facility?**2. Facility or**

Business Name SAFETY-KLEEN SYSTEMS INC

FEID No.

3 9 6 0 9 0 0 1 9

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

Name of Operator:

SAFETY-KLEEN SYSTEMS INC

Street or P.O. Box:

359 CYPRESS RD

City or Town:

OCALA

State:

FL

Zip Code:

34472

Operator Type: ☒ Private☐ Federal☐ Municipal☐ State☐ Other _____☐ New OperatorDate became Operator: 1 / 23 / 9
mm dd yy

Phone Number:

800-558-5011 EXT 7351

4. Facility Physical Location Information

Physical Street Address:

359 CYPRESS RD

City or Town:

OCALA

State: FL

Zip Code:

34472

County:

Marion

If available, please attach a map or sketch of the facility boundaries.

Latitude:

dd mm ss.ssss

Longitude:

dd mm ss.ssss

Method:

Datum:

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

A. 562112

C.

B.

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@ijkeller.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
(List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

SAFETY-KLEEN SYSTEMS INC

☒ New OwnerDate became Owner: 1 / 23 / 9
mm dd yy

Street or P.O. Box:

5360 LEGACY DRIVE BLDG 2 SUITE 100

Phone Number:

800-669-5840

City or Town:

PLANO

State:

TX

Zip Code:

75024

Owner Type: ☒ Private☐ Federal☐ Municipal☐ State☐ Other _____

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****For Items 2 through 7, mark 'X' in 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 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.

- ☐ 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 _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

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	☐	☐	☐	
b. Pesticides	☐	☐	☐	
c. Pharmaceuticals	☐	☐	☐	
d. Mercury Containing Devices	☐	☐	☐	
e. Mercury Containing Lamps	☐	☐	☐	

(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

(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.

(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

- (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	2	3	4	5	6	7
D039						
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

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 & Assoc</i>	Brenda Schaffer JJ Keller	02-04-2010

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
(Name of person completing this form)

800-558-5011 EXT 2397
(Phone Number)

bschaffer@jjkeller.com
(E-mail Address)

13. Comments: