



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

08/04/2010

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

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Safety-Kleen Systems Inc** located at **600 Central Park Dr, Sanford, FL32771-6690**

FLD984171165

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator; Small Quantity Handler, Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Pesticide Transporter, Universal Waste Lamps.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/11); HW Transporter, HW Transfer Facility (reg exp on 09/01/10); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Marketer, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/11) .**

Your facility is **currently permitted** as: **Operating Commercial TSD (exp on 05/10/14).**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984171165.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,

FOR
Timothy J. Bahr, Administrator
Hazardous Waste Regulation Section

ME ID: 40794 , Email Address: bhassler@jkkeller.com



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

EPA ID

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| F | L | D | 9 | 8 | 4 | 1 | 7 | 1 | 1 | 6 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

1 Reason for Submittal Mark 'X' in correct box

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) *HAP waste renewal*

Is this the **final notification** (see instructions) for the facility?

Received
 JUL 16 2010
 BSHW

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

New Operator
Date became Operator 12 / 20 / 91
 mm dd yy

Street or P O Box 600 CENTRAL PARK DRIVE

Phone Number 407-321-6080

City or Town SANFORD **State** FL **Zip Code** 32771

Operator Type Private Federal Municipal State Other

4 Facility Physical Location Information

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

Latitude

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Longitude

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Method _____
 d d m m s s ssss d d m m s s ssss 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 3003 BREEZEWOD 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@nkeller.com

Street or P O Box 3003 W BREEZEWOD 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 Owner
Date became Owner 12 / 20 / 91
 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 NATIONAL UNION FIRE INC OF PITTSBURG PA C/O LOCKTON COMPANIESAddress 717 N HARWOOD LB# 27DALLAS TX 75201Contact CARLA AYER - SK RISK MANAGEMENT Telephone 972-265-2854Policy Number MULTIPLE SEE ATTACHED Expiration date 9/1/10d Transportation Mode Air Rail Highway Water Other - specify _____e Hazardous Waste Transfer Facility Storage Volume 11880 GALLONS 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 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

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/JJ KELLER Authorized Agent | 07-15-2010 |

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 (CONT) D039, D040, D041, D042, D043, F002, F003, F005