

2007 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA_ID <u>FL098171105</u> Site Name <u>Safety Kleen</u> <u>Senior</u> <input type="checkbox"/> New Site Contact? Phone:													
Receipt and Data Entry	form	recv pages	Submission Paper Disk		Quality Control initial date		QC error pages			Data Entry initial date		Transfer Initial Date	
		SI	3	✓	✓	Et	3/7						1/6
	GM												
	WR												
	OI												
Data entry or Basic edit errors	form	page	sub pg	Action Item	QC init date		Site Contact date		Corrective Action	data entry initial date		DE Comment	
	GM	1,5,6		GENZO	AK	4/2	Ben Smith		—				E-m24
Advanced Edit Errors													
Subsequent Notification <input type="checkbox"/> Notification DATA Entered by:										Date: / /			
DATA ENTRY/FILING ASSIGNMENT:										Scanned to Oculus : <input type="checkbox"/>		Date: / /	

<p>MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		<p>MAR 07 2008</p>
<p>1. Reason for Submittal and Status of Information Supplied (see instructions on page 9)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>A. Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)...</p> <p><input type="checkbox"/> To provide subsequent notification (to update site identification information)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report</p>		
<p>2. Site EPA ID Number (see instructions on page 10)</p>	<p>EPA ID Number: FLD984171165</p>		
<p>3. Site Name (see instructions on page 10)</p>	<p>Name: SAFETY-KLEEN SYSTEMS INC</p>		
<p>4. Site Location Information (see instructions on page 10)</p>	<p>Street Address: 600 CENTRAL PARK DRIVE</p>		
	<p>City, Town, or Village: SANFORD</p>	<p>State: FL</p>	
	<p>County Name: SEMINOLE</p>	<p>Zip Code: 32771-</p>	
<p>5. Site Land Type (see instructions on page 10)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)</p>	<p>A. 562112</p>	<p>B.</p>	
	<p>C.</p>	<p>D.</p>	
<p>7. Site Mailing Address (see instructions on page 11)</p>	<p>Street or P.O. Box: 1502 E VILLA STREET 2ND FLOOR EHS</p>		
	<p>City, Town, or Village: ELGIN</p>		<p>State: FL</p>
	<p>Country:</p>		<p>Zip Code: 60120-</p>
<p>8. Site Contact Person (see instructions on page 11)</p>	<p>First Name: JEFF</p>	<p>MI:</p>	<p>Last Name: CURTIS</p>
	<p>Phone Number: (561) 738-3026 Extension:</p>		<p>Email: JEFF.CURTIS@SAFETY-KLEEN.COM</p>
<p>9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)</p>	<p>A. Name of Site's Operator: SAFETY-KLEEN SYSTEMS INC</p>		<p>Date Became Operator (mm/dd/yyyy): 12/20/1991</p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Legal Owner: SAFETY-KLEEN SYSTEMS INC</p>		<p>Date Became Owner (mm/dd/yyyy): 12/20/1991</p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

9. Legal Owner (Continued) Address	Street or P.O. Box: 5400 LEGACY DRIVE CLUSTER II BLDG 3		
	City, Town, or Village: PLANO		
	State: TX	Zip Code: 75024-	Country:

10. Type of Regulated Waste Activity
 Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities
 Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

- Y N **1. Generator of Hazardous Waste**
 If "Yes" choose only one of the following - a,b, or c.
- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
 - b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
 - c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

- Y N **2. Transporter of Hazardous Waste**
- Y N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity
- Y N **4. Recycler of Hazardous Waste (at your site)**
 Note: A hazardous waste permit may be required for this activity.

In addition, indicate other generator activities (check all that apply)

5. Exempt Boiler and/or Industrial Furnace

- Y N d. United States Importer of Hazardous Waste
- Y N e. Mixed Waste (hazardous and radioactive) Generator

- Y N a. Small Quantity On-site Burner Exemption
- Y N b. Smelting, Melting, Refining Furnace Exemption

- Y N **6. Underground Injection Control**

B. Universal Waste Activities

1 Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated (Managed) at your site. (check all boxes that apply)

Managed

- a. Batteries
- b. Pesticides
- c. Thermostats
- d. Lamps
- e. Other UNSPECIFIED
- f. Other MERCURY CONTAINING DEVICE
- g. Other _____

- Y N **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities - Mark all boxes that apply

- Y N **1. Used Oil Transporter**
 If "Yes", mark each that applies.
- a. Transporter
 - b. Transfer Facility
- Y N **2. Used Oil Processor and/or Re-refiner -**
 If "Yes", mark each that applies.
- a. Processor
 - b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
 - b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 17)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

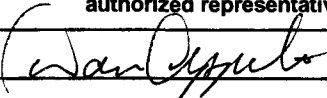
D001	D004	D005	D006	D007	D008	D009
D010	D011	D018	D019	D021	D022	D023
D024	D025	D026	D027	D028	D029	D030
D032	D033	D034	D035	D036	D037	D038
D039	D040	D041	D042	D043	F002	F003
F005						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (see instructions on page 17)

JEFF.CURTIS@SAFETY-KLEEN.COM

13. 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. 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 (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	DAN APPELT DIR COMPLIANCE	03/10/2008

.ERROR LISTING FOR SAFETY-KLEEN SYSTEMS INC
04/02/08

RUN ON

. ERRORS are listed by form AND page number
. A form heading does not necessarily indicate ERRORS.
. FORM GM ERRORS LIST

page#	error message
00001	CHECK: G105 REPORT YEAR GENERATED QTY = 0
00005	CHECK: G105 REPORT YEAR GENERATED QTY = 0
00006	CHECK: G105 REPORT YEAR GENERATED QTY = 0
00002	CHECK: 255 TONS SHIPPED TO SCD077995488
00003	CHECK: 417 TONS SHIPPED TO SCD077995488

. FORM WR ERROR LIST

page#	message
-------	---------

. FORM IC ERROR LIST

CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES?
CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL?
CHECK: NO R3 FILE FOUND - NO STATE WASTE CODES?

. FORM GM DETAILS LIST

. FORM OI ERROR LIST

. REPORT TOTALS FOR SAFETY-KLEEN SYSTEMS INC

IN TONS

TOTAL GENERATED (GM)	=	283.80
TOTAL RECEIVED (WR)	=	482.85
TOTAL RECEIVED (GM)	=	482.62
TOTAL SHIPPED (GM)	=	752.57
TOTAL TREATED (GM)	=	0.00
TOTAL UI, POTW, & NPDES	=	0.00
TOTAL RCRA GENERATION	=	283.80

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE)

FORM CODE	TONS GENERATED
W002 Contaminated debris. paper, clothing, rags, wood,	11.20
W203 Concentrated non-halogenated (E.G. non-chlorinated	267.12
W603 Oily sludge (not W512 contaminated muds)	5.48

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE

SOURCE CODE	TONS GENERATED
G09 Other production or service-related processes(wher	267.12
G14 Removal of tank sludge, sediments or slag(periodic	5.48
G19 Other one-time or intermittent processes(specify i	11.20
G61 Hazardous waste received from off-site for storage	0.00

. RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS

SYSTEM	TONS SHIPPED
H020 Solvents recovery (distillation, extraction, etc)	736.55
H061 Fuel blending prior to energy recovery at another	16.02

Griffith, John

From: Smith, Ben [Ben.Smith@safety-kleen.com]
Sent: Tuesday, April 15, 2008 3:18 PM
To: Griffith, John
Cc: Turner, Karen; Curtis, Jeff
Subject: FW:
Attachments: SK RX-Ship.pdf

The amount of solvent generated onsite is accurate. It's initially received from offsite as non-RCRA (non-haz) solvent. We bulk that non-RCRA solvent into tanks with RCRA haz solvent causing it to become hazardous. We become the generator of all that material due to this process.

The MM codes for our facilities should be H141 for all sites/streams. Based on your question, we reviewed our records and found some erroneous codes listed on the WR pages we submitted. We authorize you to update the MM codes on all the WR forms for our 6 sites to H141. No processing was done at any of those facilities.

Thank you for your help. If you have any questions or comments, please contact me.

Ben Smith
Corporate Waste Compliance
Safety-Kleen Systems, Inc.
847-468-6725 - phone
847-468-6729 - fax
ben.smith@safety-kleen.com

From: Griffith, John [mailto:John.Griffith@dep.state.fl.us]
Sent: Tuesday, April 15, 2008 1:29 PM
To: Curtis, Jeff; Turner, Karen
Cc: Thomas, Theresa; Dregne, James; Knauss, Elizabeth; Winston, Kathy; Kantor, Karen E.; Bayly, Karen; Valade, Vicky; Byer, James; Burson, Lu; Redig, Michael; Tripp, Anthony; Baker, Bryan
Subject:

JEFF CURTIS

Please see the attached Printouts of the totals received and shipped from the Safety-Kleen facilities in Florida's Biennial Hazardous Waste Reports,

I notice a fairly large quantity of Solvents generated on-site at each of your facilities. Please respond with an explanation for the on-site generated quantities.

Additionally, some of the sites show small amounts of waste received being treated on-site. I think this may be an artifact of the final management method being entered into form(s) WR instead of your H141 bulking and shipping. Please respond with any corrections needed or a description of your on-site management systems.

Jack Griffith (John P Griffith jr)
MS4555 FDEP
2600 Blair Stone Road
Tallahassee, FL, 32399-2400
(850) 245-8748

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.