

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

Site EPA_ID		FL 0982133159		Site Name		Safety-Kleen		New Site Contact?		Phone:			
form	recv pages	Submission		Quality Control		QC error pages		Data Entry		Transfer			
		Paper	Disk	initial	date	initial	date	Initial	Date				
Receipt and Data Entry	SI	3	✓	✓	Et	3/7					4/5 4/12		
	GM												
	WR												
	OI												
form	page	sub pg	Action Item	QC		Site Contact		Corrective Action	data entry		DE Comment		
				init	date	date	date		initial	date			
Data entry or Basic edit errors	GM	1/6		Gen = 0	Ac	4/12	Ben Smith	4/15			Etwa		
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 align="center">United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		<p align="right">RECORDED 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: FLD982133159</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: 4426 ENTREPOT BLVD</p>		
	<p>City, Town, or Village: TALLAHASSEE</p>	<p>State: FL</p>	
	<p>County Name: LEON</p>	<p>Zip Code: 32310-</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: IL</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): 07/12/1989</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): 07/12/1989</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

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

Y N d. United States Importer of Hazardous Waste

Y N e. Mixed Waste (hazardous and radioactive) Generator

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.

5. Exempt Boiler and/or Industrial Furnace

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.

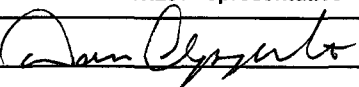
D001	D004	D005	D006	D007	D008	D009
D010	D011	D018	D019	D021	D022	D023
D024	D025	D026	D027	D028	D029	D030
D032	D033	D034	D035	D036	D037	D038
D039	D040	D041	D042	D043	F002	F003
F005						

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	02/28/2008



RECEIVED

MAR 07 2008

BY: JSHW

SAFETY-KLEEN SYSTEMS, INC.

Corp. Compliance, 1502 Villa Street, 2nd Floor, Elgin, IL 60120

CERTIFIED MAIL 7005 1160 0004 8573 4294

February 29, 2008

FL DEP MS #4555
Attn: Jack Griffith
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: 2007 FL Hazardous Waste Report

Dear Sir/Madam:

Please find enclosed the 2007 FL Hazardous Waste Report for the following Safety-Kleen Systems Inc Sites:

FLD980847214	ORANGE PARK
FLD984171165	SANFORD
FLD980847271	TAMPA
FLD984171694	MEDLEY
FLD984167791	BOYNTON BEACH
FLD982133159	TALLAHASSEE

Should you have any questions/comments, please contact Karen Turner at 847 468 6722 or email Karen.Turner@Safety-Kleen.com.

Sincerely,

Tonya Stetina
Report Specialist

Cc: CWC
SK Facilities

.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

00006 CHECK: G105 REPORT YEAR GENERATED QTY = 0

00004 CHECK: 233 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)	=	117.11
TOTAL RECEIVED (WR)	=	277.72
TOTAL RECEIVED (GM)	=	278.90
TOTAL SHIPPED (GM)	=	379.04
TOTAL TREATED (GM)	=	0.00
TOTAL UI, POTW, & NPDES	=	0.00
TOTAL RCRA GENERATION	=	117.11

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

FORM CODE	TONS GENERATED
W002 Contaminated debris: paper, clothing, rags, wood,	6.98
W203 Concentrated non-halogenated (E.G. non-chlorinated	103.03
W603 Oily sludge (not W512 contaminated muds)	7.10

RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE

SOURCE CODE	TONS GENERATED
G09 Other production or service-related processes(wher	103.03
G14 Removal of tank sludge, sediments or slag(periodic	7.10
G19 Other one-time or intermittent processes(specify i	6.98
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)	358.97
H061 Fuel blending prior to energy recovery at another	20.07