

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA\_ID FL 0982133159 Site Name Safety-Kleen Tallahassee ~~New~~ Site Contact? Matt Hendrick  
 Phone: 813 626-1203

	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	X	X	C/M	3/31	0K			JG	4/1
	GM			X							
	WR										
	OI			X							

	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												

	form	page	sub pg	Action Item	QC		Site Contact		Corrective Action	data entry		DE Comment
					init	date	date	date		initial	date	
Advanced Edit Errors												

DATA ENTRY/FILING ASSIGNMENT:

<p><b>MAIL THE COMPLETED FORM TO:</b> The Appropriate EPA Regional or State Office</p>	<p>United States Environmental Protection Agency</p> <p><b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>		
<p><b>1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)</b></p> <p>CHECK CORRECT BOX(ES)</p>	<p><b>A. Reason for Submittal:</b></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><b>2. Site EPA ID Number (see instructions on page 11)</b></p>	<p>EPA ID Number: FLD982133159</p>		
<p><b>3. Site Name (see instructions on page 11)</b></p>	<p>Legal Name: SAFETY-KLEEN SYSTEMS, INC</p>		
<p><b>4. Site Location Information (see instructions on page 11)</b></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><b>5. Site Land Type (see instructions on page 11)</b></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><b>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)</b></p>	<p>A. 562112</p>	<p>B. 532490</p>	
	<p>C.</p>	<p>D.</p>	
<p><b>7. Site Mailing Address (see instructions on page 12)</b></p>	<p>Street or P.O. Box: 1502 E VILLA ST</p>		
	<p>City, Town, or Village: ELGIN</p>		<p>State: IL</p>
	<p>Country:</p>	<p>Zip Code: 60120- -</p>	
<p><b>8. Site Contact Person (see instructions on page 12)</b></p>	<p>First Name: MATT</p>	<p>MI:</p>	<p>Last Name: HENDRICK</p>
	<p>Phone Number: (813) 626-1203 Extension:</p>		<p>Email: MATT.HENDRICK@SAFETY-KLEEN.COM</p>
<p><b>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</b></p>	<p><b>A. Name of Site's Operator:</b> SAFETY-KLEEN SYSTEMS, INC</p>		<p><b>Date Became Operator (mm/dd/yyyy):</b> 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>B. Name of Site's Legal Owner:</b> SAFETY-KLEEN SYSTEMS, INC</p>		<p><b>Date Became Owner (mm/dd/yyyy):</b> 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>		
	<p>Street or P.O. Box: 5400 LEGACY DRIVE</p>		
	<p>City, Town, or Village: PLANO</p>		
<p>State: TX</p>		<p>Zip Code: 75024- -</p>	<p>Country:</p>

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HAZARDOUS WASTE

**10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- 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)

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

For Items 2 through 6, check all that apply:

- Y  2. Transporter of Hazardous Waste
- Y  3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- 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
  - N  a. Small Quantity On-site Burner Exemption
  - N  b. Smelting, Melting, Refining Furnace Exemption
- 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 at your site. (check all boxes that apply)

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste  N

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- Y  a. Transporter
- Y  b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)**

- N  a. Processor
- N  b. Re-refiner

N  3. Off-Specification Used Oil Burner

**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- N  a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- N  b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (see instructions on page 16)**

**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.

F001	F002	F003	F005	D001	D006	D007
D008	D011	D018	D022	D027	D028	D035
D036	D038	D039	D040			

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**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.**

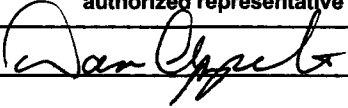
Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


**12. Comments (see instructions on page 17)**

Blank area for comments.

MATT.HENDRICK@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 DIRECTOR COMPLI	03/19/2004