



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard, Jr.  
Secretary

April 08, 2011

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

## BE IT KNOWN THAT

Safety - Kleen Systems Inc  
3023 Dial Street  
Whistler, AL 36612

## IS HEREBY REGISTERED AS A USED OIL

Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

The Department of Environmental Protection hereby issues  
Registration Number **ALD071951628** on April 08, 2011

Insurance Carrier: **GREENWICH INSURANCE**

Insurance Policy #: **PECO02102004**

Insurance Ex. Date: **09/01/2011**

Transporter Type: **FH**

**This registration will expire on 06/30/2012**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

A handwritten signature in cursive script that reads "Aprilia Graves".

**Aprilia Graves**  
**Engineering Specialist IV**  
**Hazardous Waste Regulation Permitting**



**J. J. Keller**  
& Associates, Inc.®

3003 W. Breezewood Lane, P.O. Box 368  
Neenah, Wisconsin 54957-0368  
(920) 722-2848 • [jjkeller.com](http://jjkeller.com)

*"Publishing & Services Since 1953"*

January 28, 2011

Received

JAN 31 2011

BSHW

Laurie Tenace MS4555  
Dept of Environmental Protection  
2600 Blair Stone Road  
Tallahassee FL 32399-2400

**SUBJECT: Safety-Kleen Systems Inc Universal Lamp and Device Transporter renewal.**

Enclosed are the 2011 Hazardous Universal Lamp renewal application and checklist for each of the Safety-Kleen Systems locations along with a copy of their Contingency Plan and a Power of Attorney.

Please process the renewals and email Brenda Hassler at J.J. Keller the new permits. Her email address is [Bhassler@jjkeller.com](mailto:Bhassler@jjkeller.com).

If you have any questions, please call me at 800-558-5011 ext 2397.

Sincerely,

*Brenda Schaffer*

Brenda Schaffer  
Client Service Representative



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY JAN 31 20  
DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400 BSHW  
(850) 245-8772

EPA ID A L D 0 7 1 9 5 1 6 2 8

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).  
 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: 3023 DIAL STREET  
City or Town: WHISTLER  
State: AL Zip Code: 36612  
Operator Type:  Private  Federal  Municipal  State  Other  
Date became Operator: 1 / 12 / 90 mm dd yy  
Phone Number: 251-456-3042  
 New Operator

4. Facility Physical Location Information  
Physical Street Address: 3023 DIAL STREET  
City or Town: WHISTLER  
State: FL Zip Code: 36612  
County: Choose \_\_  
If available, please attach a map or sketch of the facility boundaries.  
Latitude: [ ][ ] [ ][ ] [ ][ ] [ ][ ] Longitude: [ ][ ] [ ][ ] [ ][ ] [ ][ ] Method: 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 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  
Street or P.O. Box: 5360 LEGACY DRIVE BLDG 2 SUITE 100  
City or Town: PLANO  
State: TX Zip Code: 75024  
Date became Owner: 1 / 12 / 90 mm dd yy  
Phone Number: 800-669-5840  
Owner Type:  Private  Federal  Municipal  State  Other

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:****(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

For Items 2 through 7, mark 'X' in all that apply.

**(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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3800
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"/>	500
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1500

**(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 / Auth Agent</i>	BRENDA Schaffer / JJ Keller / Auth Agent	01-24-2011

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 (CON'T) D039, D040, D041, D042, D043, F002, F003, F005



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2010

**PRODUCER**  
Marsh USA Inc.  
550 South Main Street, Suite 600  
Greenville, SC 29601  
Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
SAFETY-KLEEN SYSTEMS, INC. AND ITS  
SUBSIDIARIES AND AFFILIATED COMPANIES  
5360 LEGACY DRIVE  
BUILDING 2, SUITE 100  
PLANO, TX 75024

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American International Specialty Lines Ins Co	26883
INSURER B: Greenwich Insurance Company	22322
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES(Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		OTHER Contractors	COPS1959257	09/01/2010	09/01/2011	Each Loss 5,000,000 Aggregate 10,000,000								
		Ops & Prof Svcs	PEC002102004	09/01/2010	09/01/2011	Each Loss 10,000,000 Aggregate 10,000,000								
B		Pollution Legal Liability												

Received  
SEP 10 2010  
BSHW

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER** ATL-002052727-02

FL DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS WASTE MANAGEMENT SECTION-MS4555  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FL 32399-2400

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc. *[Signature]*



Received

JAN 31 2011

BSHW

To Whom It May Concern:

RE: DRIVERS/HAZMAT EMPLOYEES SUBJECT TO TRAINING AND RE-CERTIFICATION

The purpose of this memo is to certify that all drivers, subject to the Code of Federal Regulations Title 49 Parts 100-185 and Parts 381-399 are required to be trained and tested in the following areas as required:

General Awareness and Familiarization Function Specific

Safety  
Security Awareness  
In-Depth Security  
Carriage by Public Highway (Drivers Only)

This training is required to be conducted within 90 days of the hazmat employee being hired or a change in job function.

Hazmat employees are also subject to recurring training every three years.

A record of the training, containing the below described information may be found in the employee's file:

The employee's name  
Training completion date  
Description of the training materials used  
Name and address of the trainer  
Certification that the employee was trained and tested as required

Any questions regarding the training program may be sent to Rex Dillabough at: [rex.dillabough@safetkleen.com](mailto:rex.dillabough@safetkleen.com) or he may be reached at 972-265-2335.

Director of Transportation Compliance  
Safety-Kleen Systems, Inc  
5360 Legacy Drive, Building 2, Suite 100  
Plano, Texas 75024  
972.265.2000



All drivers will carry the latest version of the DOT Emergency Response Guidebook in their vehicles at all times when transporting hazardous wastes.

**Received**

**JAN 31 2011**

**BSHW**



Mailing Address: P.O. Box 368 Neenah, WI 54957-0368 Remittance Address: P.O. Box 672 Neenah, WI 54957-0672 www.jjkeller.com

POWER OF ATTORNEY LICENSES, PERMITS, TAXES, REPORTS

Received

JAN 31 2011

BSHW

State of Texas County of Collin

KNOW ALL MEN BY THESE PRESENTS that Safety-Kleen Systems Inc

an Corporation (Individual, Partnership or Corporation) having an office at 5360 Legacy Drive Building 2 Suite #100 Plano TX 75024, acting through the undersigned does hereby designate and appoint J. J. KELLER & ASSOCIATES, INC., a Corporation with offices at 3003 W. Breezewood Lane, Neenah, WI as Attorney-In-Fact for the said Safety-Kleen Systems Inc

for the following limited and special purposes:

To obtain, complete, execute, renew, and deliver applications for fuel, highway use tax, reciprocity, mileage, over dimensional and similar permits, licenses, titles, and apportioned licenses of the states of the United States and provinces of Canada in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by Safety-Kleen Systems Inc and

To obtain, complete, execute, renew, and deliver applications for private, exempt, or intrastate authority with the various state commissions and/or file authority as granted by the Federal Highway Administration with the various state commissions in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by Safety-Kleen Systems Inc and

To prepare, execute, and deliver fuel tax, mileage tax, ton-mile tax, and apportioned reports required to be filed with the states of the United States and provinces of Canada, and provide audit representation for those taxes and reports.

This POWER OF ATTORNEY is restricted and limited to the matters specifically set forth herein for the term beginning July 28, 2008

IN WITNESS WHEREOF Safety-Kleen Systems Inc

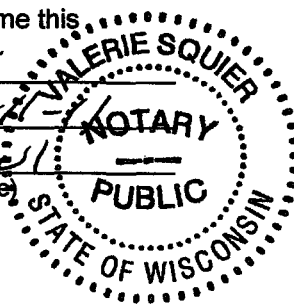
has caused these presents to be executed by a duly authorized officer or owner hereto this Sept 23, 2008 day of

Sworn to and subscribed before me this

23 day of 9-08

My commission expires 9-11-11

Winnebago (County) Ill (State)



(Company Authorized Signature)

Virgil W Duffie III/Assistant Secretary (Printed Company Authorized Name and Title)

(Notary Public Signature)

AFFIX SEAL HERE



MHSB  
MAR 01 2011  
Received

SAFETY-KLEEN SYSTEMS, INC.

Regulatory Compliance, 1502 Villa Street, 2nd Floor, Elgin, IL 60120

CERTIFIED – 7009 1680 0000 2803 7160

February 24, 2011

Florida DEP  
MS4555  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

RE: Annual Used Oil and Filter Report 2010

Dear Sir or Madam,

Please find enclosed the 2010 Annual Used Oil and Used Oil Filter Handlers report for the following Safety-Kleen Systems, Inc. locations.

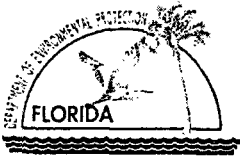
ALD071951628	WHISTLER AL (MOBILE)
FLD980847214	ORANGE PARK FL (JACKSONVILLE)
FLD982133159	TALLAHASSEE FL
FLD984167791	BOYNTON BEACH FL (PALM BEACH)
FLD984171694	MEDLEY FL (MIAMI)
FLD984171165	SANFORD FL (ORLANDO)
FLD980847271	TAMPA FL
FLD984247882	POMPANO BEACH FL
FLR000060301	OCALA FL (AIS)
GAR000022517	WHIGHAM GA (AIS)

If there is any additional information required, or should you have any questions/comments, please contact me at 800-669-5840 ext. 6725 or email [ben.smith@safety-kleen.com](mailto:ben.smith@safety-kleen.com)

Sincerely,

Ben Smith  
Safety-Kleen Systems, Inc.  
847-468-6725 – phone  
847-468-6729 – fax  
[ben.smith@safety-kleen.com](mailto:ben.smith@safety-kleen.com)

Cc: file, CWC



Received  
 MAR 01 2011  
 BSHW

**Annual Report by Used Oil and Used Oil Filter Handlers\***

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])  
 for reporting period January 1, 2010 through December 31, 2010  
 Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

**SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS**

1. Company Name: SAFETY-KLEEN SYSTEMS INC 2. Telephone No. (251) 456-3042  
 Site Address: 3023 DIAL ST WHISLER AL 36612  
 3. EPA ID No. ALD071951628

Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) BEN SMITH  
 Title MGR- REGULATORY COMPLIANCE Phone number (if different from #2, above) (847) 468-6725

5. Type of operation (check as many as apply to your operations)  
 Used Oil:  Transporter  Transfer Facility  Collection Center/Aggregation Point  Processor  Marketer  
 Burner (of off-specification used oil)  
 Used Oil Filter:  Transporter  Transfer Facility  Processor  End User

**SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)**

1. Amount (in gallons) of Used Oil and Oily Wastes collected  
 a. In Florida.....  
 b. From out of state.....  
 c. Beginning Inventory.....  
 d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
382530	81061		463592
572753	29468		602221
			1065812

2. Amount (in gallons) of Used Oil and Oily Wastes Managed  
 N - Not an end use, transferred to another facility for storage or processing.....  
 O - Marketed as an on-specification used oil fuel.....  
 F - Marketed as an off-specification used oil fuel.....  
 I - Marketed for an industrial process.....  
 B - Burned as an off-specification used oil fuel .....  
 D - Disposed of  
 Landfilled.....  
 Treated at a wastewater treatment unit.....  
 Incinerated.....

In State	Out of State
	1065812
	1065812

3. Total amount (in gallons) of used oil managed.....  
 4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

**SECTION C USED OIL FILTERS (OPTIONAL)** (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	618 099	
3. Total number of used oil filters to manage (1 plus 2).....	618099	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	618099	✓
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....		
d. TOTAL.....	618099	✓
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....		
6. Gallons of used oil collected as a result of filter processing.....		
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....		
8. Volume of oily waste collected and managed as a result of filter processing.....		
9. Description of oily waste management.....		

**DIRECTIONS FOR SECTION C**

Conversion Table

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d .
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us),