



# 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

07/20/2012

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 **4426 Entrepot Blvd, Tallahassee , FL32310-8740**

**FLD982133159**

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 03/01/13); HW Transporter, HW Transfer Facility (reg exp on 09/01/12) ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Marketer, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2013).**

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on 03/14/15).**

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://approd.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD982133159](http://approd.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD982133159).

For further assistance, please e-mail a Notification Coordinator at [EPOST\\_HWreg@dep.state.fl.us](mailto:EPOST_HWreg@dep.state.fl.us) or call us at (850)245-8707.

Sincerely,

A handwritten signature in black ink, appearing to read "Glen Perrigan". Below the signature, the word "FOR" is printed in a small, bold, sans-serif font.

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 20821 , Email Address: [bhassler@jjkeller.com](mailto:bhassler@jjkeller.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 2 1 3 3 1 5 9

1. Reason for Submittal
Mark X in correct box:
FEB 20 2012
BSHW
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
Date became Operator: 7 / 12 / 89 mm dd yy
Street or P.O. Box: 4426 ENTREPOT BLVD
Phone Number: 850-576-9764
City or Town: TALLAHASSEE State: FL Zip Code: 32310
Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information
Physical Street Address: 4426 ENTREPOT BLVD
City or Town: TALLAHASSEE State: FL Zip Code: 32310
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 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
Date became Owner: 7 / 12 / 89 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:****(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 ACE AMERICAN INSURANCE COAddress C/O 26 CENTURY BLVD. PO BOX 305191NASHVILLETX37230-5191Contact WILLIS OF TEXAS, INCTelephone 877-945-7378Policy Number ISAH08692397Expiration date 9/1/12d. Transportation Mode  Air  Rail  Highway  Water  Other - specify \_\_\_\_\_**e.  Hazardous Waste Transfer Facility:**Storage Volume 8800 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"/>	150
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2600

(3) Mercury Recovery and/or Reclamation Facility  [Chapter 62-737, F.A.C.] Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, 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.

*Adam Hooyman / JJ Keller / Auth Agent*  
Signature of Authorized Person

Adam Hooyman/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.

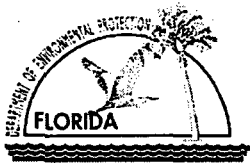
Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
<i>Adam Hooyman / JJ Keller / Auth Agent</i>	Adam Hooyman / JJ Keller / Auth Agent	1/25/2012

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

Adam Hooyman/JJ Keller/Auth Agent      800-558-5011 EXT 7062      ahooyman@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



Department of Environmental Protection  
 FDEP, MS 4560, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Print Form

DEP Form #62-710.901(3)  
 Form Title Annual Report by Used Oil  
 and Used Oil Filter Handlers  
 Effective Date June 9, 2005

Received

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

FEB 21 2012

(\*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, 2011 through December 31, 2011

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

BSHW

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: SAFETY-KLEEN SYSTEMS INC. 2. Telephone No. 870 669-5840  
 Site Address: 4426 ENTREPOT BLVD TALLAHASSEE FL 32310  
 3. EPA ID No. FLD982133159

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. REG 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)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....	516712	79283		595995
b. From out of state.....	799878	53731		853609
c. Beginning Inventory.....				843
d. Total (sum of totals from Lines a + b + c).....				1450447

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
	1450447
	1449604
843	

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.....	3619	
2. Number of used oil filters collected.....	1027326	✓
3. Total number of used oil filters to manage (1 plus 2).....	1030945	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	1025258	✓
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....		
d. TOTAL.....	1025258	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	5687	
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 ton 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).