



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

02/12/2013

Brenda Hassler
Safety-Kleen Systems Inc
3003 Breezewood Ln
Neenah, WI 54956-9611

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **600 Central Park Dr, Sanford, FL 32771-6690** has been registered through **March 1, 2014** with the following status:

Facility ID # **FLD984171165**
Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2014** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify by sending an updated form 8700-12FL (Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Waste Reduction Section

Enclosures



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	4	1	7	1	1	6	5
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1. Reason for Submittal Mark 'X' in correct box:

Received
JAN 30 2013

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 *BSHW* SAFETY-KLEEN SYSTEMS INC

FEID No.

3	9	6	0	9	0	0	1	9
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3. Facility Operator (List additional Operators in the comments section).

Name of Operator: SAFETY-KLEEN SYSTEMS INC

New Operator
Date became Operator: 12 / 20 / 91
mm dd yy

Street or P.O. Box: 600 CENTRAL PARK DRIVE

Phone Number: 407-321-6080

City or Town: SANFORD **State:** FL **Zip Code:** 32771

Operator Type: Private Federal Municipal State Other _____

4. Facility Physical Location Information

Physical Street Address: 600 CENTRAL PARK DRIVE

City or Town: SANFORD **State:** FL **Zip Code:** 32771

County: Choose _____

If available, please attach a map or sketch of the facility boundaries.

Latitude: [][] [][] [][] [][] [][] [][] [][] [][] **Longitude:** [][] [][] [][] [][] [][] [][] [][] [][] **Method:** _____ **Datum:** _____

d d m m s s . ssss d d m m s s . ssss

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@jkkeller.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

New Owner
Date became Owner: 12 / 20 / 91
mm dd yy

Street or P.O. Box: 2600 NORTH CENTRAL EXPRESSWAY, SUITE 400

Phone Number: 800-669-5840

City or Town: RICHARDSON **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:

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

(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

(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 GREENWICH INSURANCE COMPANYAddress SEAVIEW HOUSE, 70 SEAVIEW AVENUESTAMFORDCT 06902-6040Contact CARLA AYER - SK RISK MANAGEMENT Telephone 972-265-2854Policy Number PEC002102006 Expiration date 9/1/13

- d. Transportation Mode Air Rail Highway Water Other - specify _____

- e. Hazardous Waste Transfer Facility: Storage Volume 11880 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"/>	100
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2400

(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.

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 Authorized Agent	1-29-13

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 ahoovman@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



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

SAFETY-KLEEN SYSTEMS INC

F	L	D	9	8	4	1	7	1	1	6	5
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(Facility Name)

(EPA id)

600 CENTRAL PARK DRIVE

SANFORD

FL

32771

(Street Address)

(City)

(State)

(Zip)

407-321-6080

920-727-7315

bhassler@jjkeller.com

(Phone)

(Fax)

(E-mail)

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year. 27,946
Types: Fluorescent HID

2. Estimated number of DEVICES handled during the last calendar year. 11
Types: Thermostats Electric Switches/Relays
Thermometers Manometers Other

3. Estimated weight of DEVICES handled during the last calendar year. 10 lb.

4. Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
27,946	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AERC COM INC.	WEST MELBOURNE	FL	321-952-1516
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AERC COM INC.	WEST MELBOURNE	FL	321-952-1516
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Adam Hooyman/JJ Keller/Auth Agent
Print Name of Authorized Agent

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

1/29/13
Date