



Florida Department of Environmental Protection

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

Rick Scott
Governor

Herschel T. Vinyard Jr.
Secretary

07/15/2013

Tony Cellucci, VP Transportation Compliance
Safety-Kleen Systems Inc
42 Longwater Dr
Norwell, MA 02061

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 **1400 NW 13th Ave, Pompano Beach , FL33069-1906**

FLD984247882

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Conditionally Exempt SQG.**

Your facility is **currently registered** for the following activities: **HW Transporter, HW Transfer Facility (reg exp on 06/30/2014) ; Used Oil Transfer Facility, Used Oil Filter Transfer Facility (reg exp on 06/30/2014).**

Your facility is **currently permitted/active** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

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://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984247882.

For further assistance, please contact me at (850) 245-8749 or email at

Glen.Perrigan@dep.state.fl.us .


Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 60958 , Email Address: cellucci.anthony@cleanharbors.com

330250

		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 <table border="1"> <tr> <td>F</td><td>L</td><td>R</td><td>9</td><td>8</td><td>4</td><td>2</td><td>4</td><td>7</td><td>8</td><td>8</td><td>2</td> </tr> </table>				F	L	R	9	8	4	2	4	7	8	8	2			
F	L	R	9	8	4	2	4	7	8	8	2							
1. Reason for Submittal Received JUN 04 2013 DELIVER		Mark 'X' in correct box: <input type="checkbox"/> To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide <u>subsequent notification</u> (to update status and facility identification information). <input type="checkbox"/> Is this the <u>final notification</u> (see instructions) for the facility?																
2. Facility or Business Name SAFETY-KLEEN SYSTEMS INC		FEID No. <table border="1"> <tr> <td>3</td><td>9</td><td>6</td><td>0</td><td>9</td><td>0</td><td>0</td><td>1</td><td>9</td> </tr> </table>		3	9	6	0	9	0	0	1	9						
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		<input type="checkbox"/> New Operator Date became Operator: 1 / 23 / 90 mm dd yy															
	Street or P.O. Box: 1400 NW 13TH AVE		Phone Number: 800-558-5011 x 7351															
	City or Town: POMPANO BEACH		State: FL Zip Code: 33069															
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																	
4. Facility Physical Location Information	Physical Street Address: 1400 NW 13TH AVE																	
	City or Town: POMPANO BEACH		State: FL Zip Code: 33069															
	County: Choose__		If available, please attach a map or sketch of the facility boundaries.															
	Latitude: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Longitude: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Method: dd mm ss.ssss dd mm ss.ssss 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: 42 LONGWATER DRIVE City or Town: NORWELL State: MA Zip Code: 02061-9149																
7. Facility or Business Contact Person		First Name: ANTHONY Last Name: CELLUCCI Title: VP TRANS COMPLIANCE Phone Number: 781-792-5760 Extension: E-Mail: CELLUCCI.ANTHONY@CLEANHARBORS.COM Street or P.O. Box: 42 LONGWATER DRIVE City or Town: NORWELL State: MA Zip Code: 02061-9149																
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		<input type="checkbox"/> New Owner Date became Owner: 1 / 23 / 90 mm dd yy															
	Street or P.O. Box: 2600 NORTH CENTRAL EXPRESSWAY		Phone Number: 800-669-5840															
	City or Town: RICHARDSON		State: TX Zip Code: 75080															
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> 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 GREENWICH INSURANCE COMPANYAddress SEAVIEW HOUSE, 70 SEAVIEW AVESTAMFORDCT 06902-6040Contact CARLA AYER-SK RISK MANAGEMENTTelephone 972-265-2854Policy Number PEC002102006Expiration date 9/1/13d. **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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(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.

Brenda Hassler/JJ Keller
Signature of Authorized Person

Brenda Hassler/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	2	3	4	5	6	7
D039						
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

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.

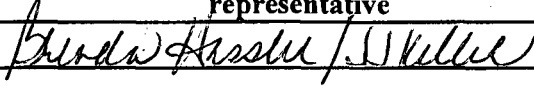
Contact _____ Phone _____

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)
	Brenda Hassler/JJ Keller/Auth Agent	6/3/13

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

Brenda Hassler/JJ Keller/Auth Agent 800-558-5011 EXT 7351 bhassler@jjkeller.com
 (Name of person completing this form) (Phone Number) (E-mail Address)

13. Comments: