PART A
SAFETY-KLEEN SYSTEMS, INC.
LOS ANGELES SERVICE CENTER
LOS ANGELES, CALIFORNIA

EPA ID# CAT000613935

August 2018

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal (Select only one.)

☐	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
☐	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
	☐ Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in **one or more months of the reporting year** (or State equivalent LQG regulations)
☐	Notifying that regulated activity is no longer occurring at this Site
☐	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
☑	Submitting a new or revised Part A Form

2. Site EPA ID Number

C	A	T	0	0	0	6	1	3	9	3	5

3. Site Name

Safety-Kleen Systems, Inc.

4. Site Location Address

Street Address	**2918 Worthen Ave.**		
City, Town, or Village	**Los Angeles**	County	**Los Angeles**
State **CA**	Country **USA**	Zip Code	**90039**

5. Site Mailing Address

☐ Same as Location Address

Street Address	**2918 Worthen Ave.**		
City, Town, or Village	**Los Angeles**		
State **CA**	Country **USA**	Zip Code	**90039**

6. Site Land Type

☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)	**562112**	C.	**53249**
B.	**48422**	D.	**48423**

8. Site Contact Information

☐ Same as Location Address

First Name **Gabriel**	MI	Last Name **Medel**
Title **Branch General Manager**		
Street Address **2918 Worthen Ave.**		
City, Town, or Village **Los Angeles**		
State **CA**	Country **USA**	Zip Code **90039**
Email **gabriel.medel@safety-kleen.com**		
Phone **323-595-1478**	Ext	Fax

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

☐ Same as Location Address

Full Name Safety-Kleen Systems, Inc.	Date Became Owner (mm/dd/yyyy) 8/1/1993
Owner Type ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
Street Address 2600 North Central Expressway	
City, Town, or Village Richardson	
State TX	Country **USA** / Zip Code 75080
Email Mori.sorenson@safety-Kleen.com	
Phone (972) 265-2000	Ext / Fax
Comments Mori Sorenson, VP Environmental Compliance signs as owner.	

B. Name of Site's Legal Operator

☐ Same as Location Address

Full Name Safety-Kleen Systems, Inc	Date Became Operator (mm/dd/yyyy) 8/1/1978
Operator Type ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
Street Address **2918 Worthen Ave.**	
City, Town, or Village **Los Angeles**	
State **CA**	Country **USA** / Zip Code **90039**
Email Mori.sorenson@safety-Kleen.com	
Phone **515-802-3440**	Ext / Fax
Comments **Mori Sorenson, VP Environmental Compliance signs as operator.**	

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

☑ Y ☐ N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
☑	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
☐	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
☐	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
☐ Y ☑ N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
☐ Y ☑ N	3. Mixed Waste (hazardous and radioactive) Generator	
☑ Y ☐ N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
☑ Y ☐ N	5. Receives Hazardous Waste from Off-site	
☐ Y ☑ N	6. Recycler of Hazardous Waste	
☐	a. Recycler who stores prior to recycling	
☐	b. Recycler who does not store prior to recycling	
☐ Y ☑ N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
☐	a. Small Quantity On-site Burner Exemption	
☐	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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.

D001	**D004**	**D005**	**D006**	**D007**	**D008**	**D009**
D010	**D011**	**D018**	**D039**	**D040**		

Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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.

133	**134**	**213**				

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

☑ Y ☐ N	1. Transporter of Hazardous Waste—If "Yes", mark all that apply.
☑	a. Transporter
☑	b. Transfer Facility (at your site)
☐ Y ☑ N	2. Underground Injection Control
☐ Y ☑ N	3. United States Importer of Hazardous Waste
☐ Y ☑ N	4. Recognized Trader—If "Yes", mark all that apply.
☐	a. Importer
☐	b. Exporter
☐ Y ☑ N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all that apply.
☐	a. Importer
☐	b. Exporter

B. Universal Waste Activities

☐ Y ☑ N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
☐	a. Batteries
☐	b. Pesticides
☐	c. Mercury containing equipment
☐	d. Lamps
☐	e. Other (specify) _____
☐	f. Other (specify) _____
☐	g. Other (specify) _____
☐ Y ☑ N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

☑ Y ☐ N	1. Used Oil Transporter—If "Yes", mark all that apply.
☑	a. Transporter
☑	b. Transfer Facility (at your site)
☐ Y ☑ N	2. Used Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
☐	a. Processor
☐	b. Re-refiner
☐ Y ☑ N	3. Off-Specification Used Oil Burner
☐ Y ☑ N	4. Used Oil Fuel Marketer—If "Yes", mark all that apply.
☐	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐	b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

☐ Y ☑ N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
☐	1. College or University
☐	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
☐	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
☐ Y ☑ N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

☐ Y ☑ N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.

14. LQG Consolidation of VSQG Hazardous Waste

☐ Y ☑ N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

☐ Y ☑ N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
	A. ☐ Central Accumulation Area (CAA) ☐ Entire Facility
	B. Expected closure date: _____ mm/dd/yyyy
	C. Requesting new closure date: _____ mm/dd/yyyy
	D. Date closed : _____ mm/dd/yyyy ☐ 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) ☐ 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

☐ Y ☑ N	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
☐ Y ☑ N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

17. Electronic Manifest Broker

☑ Y ☐ N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

United States Environmental Protection Agency

HAZARDOUS WASTE PERMIT PART A FORM

1. Facility Permit Contact

First Name	**Nahid**	MI	Last Name **Toossi**
Title	**Senior Environmental Compliance Manager**		
Email	**nahid.toossi@safety-kleen.com**		
Phone	**714-429-4355**	Ext	Fax

2. Facility Permit Contact Mailing Address

Street Address **2120 S. Yale Street**		
City, Town, or Village **Santa Ana**		
State **CA**	Country U.S.A	Zip Code 92704

3. Facility Existence Date (mm/dd/yyyy)

8/1/1978

4. Other Environmental Permits

A. Permit Type	B. Permit Number													C. Description
R	**C**	**A**	**T**	**0**	**0**	**0**	**6**	**1**	**3**	**9**	**3**	**5**		**RCRA Part B Permit**
N	**C**	**A**	**S**	**0**	**0**	**0**	**0**	**0**	**1**					**CA Storm Waste General Industrial Permit**
														WDID# 4 191001836
E	**F**	**A**	**0**	**0**	**0**	**2**	**1**	**4**	**9**					**CUPA Permit**

5. Nature of Business

Safety-Kleen is an international, service-oriented company whose customers are primarily engaged in automotive repair, industrial maintenance, and dry cleaning.

6. Process Codes and Design Capacities

Line Number		A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		
0	1	S	0	1	5,540	G	3	Containair Storage Areas A
0	2	S	0	2	12,000	G	1	Underground Storage Tank

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.		A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes									
								(1) Process Codes									(2) Process Description (if code is not entered in 7.D1))
0	1	D	0	0	1	254,000	G	S	0	1	S	0	0	2			
0	2	D	0	0	4			S	0	1	S	0	0	2			Included With Above
0	3	D	0	0	5			S	0	1	S	0	0	2			Included With Above
0	4	D	0	0	6			S	0	1	S	0	0	2			Included With Above
0	5	D	0	0	7			S	0	1	S	0	0	2			Included With Above
0	6	D	0	0	8			S	0	1	S	0	0	2			Included With Above
0	7	D	0	0	9			S	0	1	S	0	0	2			Included With Above
0	8	D	0	1	0			S	0	1	S	0	0	2			Included With Above
0	9	D	0	1	1			S	0	1	S	0	0	2			Included With Above
1	0	D	0	1	8			S	0	1	S	0	0	2			Included With Above
1	1	D	0	3	9			S	0	1	S	0	0	2			Included With Above

8. Map

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

9. Facility Drawing

All existing facilities must include a scale drawing of the facility. See instructions for more detail.

10. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. See instructions for more detail.

11. Comments

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D (1)

Line No.		A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes									
								(1) Process Codes									(2) Process Description (if code is not entered in 7.D1))
1	2	D	0	4	0			S	0	1	S	0	0	2			Included with Above

California Waste Codes Number (quantities are included with above):

133, 134, 213.

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17. Electronic Manifest Broker

☑ Y ☐ N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

18. Comments (include item number for each comment)

19. 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Mori Sorenson	06/27/18
Printed Name (First, Middle Initial Last)	Title
Mori Sorenson	**Environmental Compliance Director**
Email **mori.sorenson@safety-kleen.com**	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

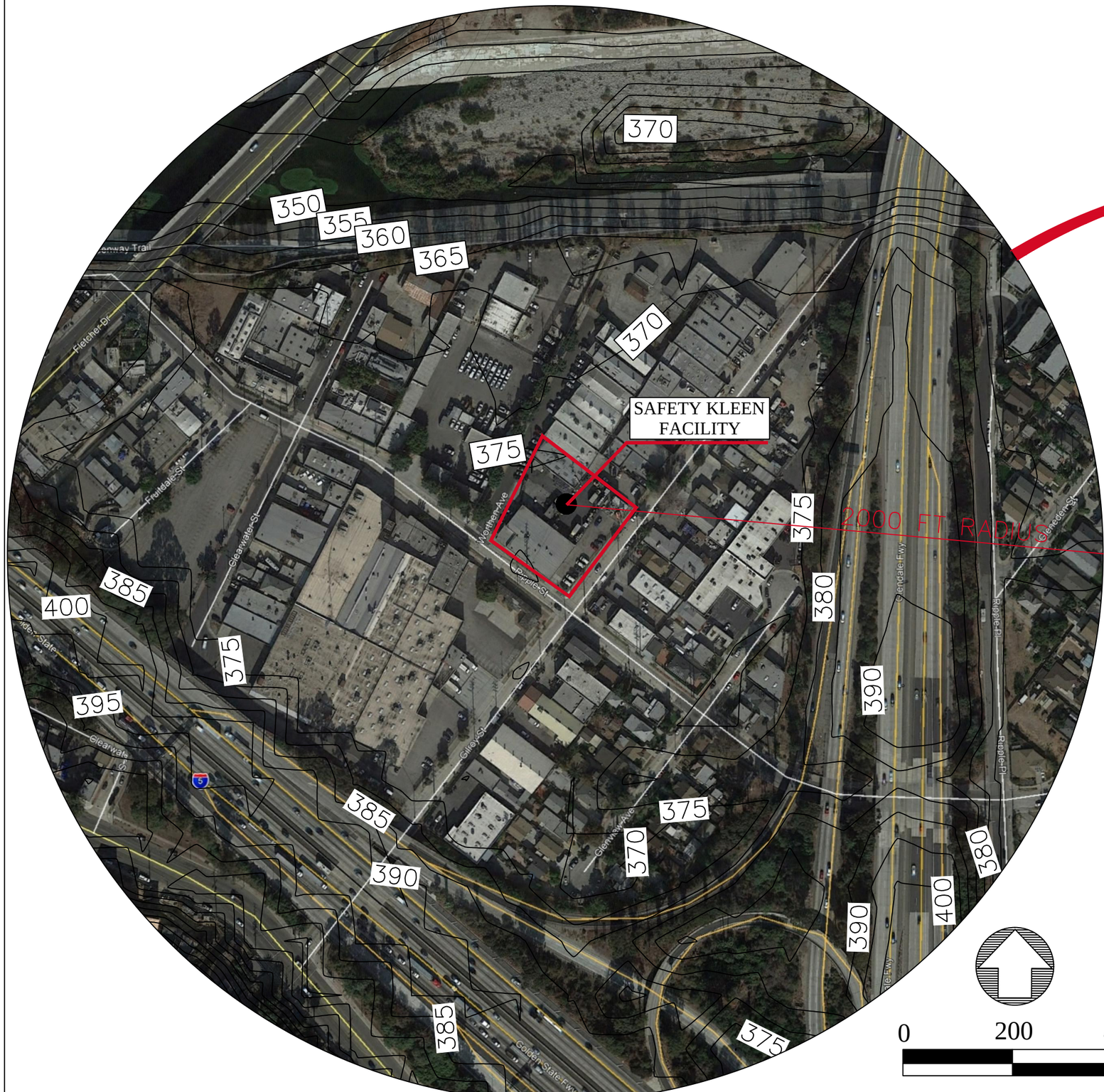
FIGURE I-1
SITE LOCATION MAP

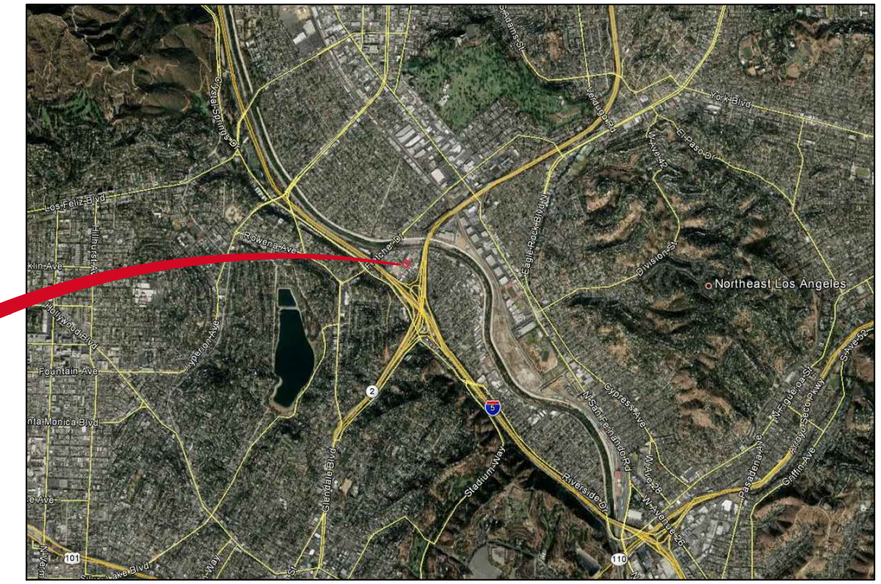
SITE LOCATION MAP

SAFETY KLEEN LOS ANGLES
2918 WORTHEN AVE

FIGURE 1-1

FIGURE I-2
TOPO MAP (1-200 FEET SCALE)





AERIAL PHOTOGRAPH SHOWING THE LOCATION OF THE FACILITY

NOTES:
1. ALL DATUM SHOWN BASED ON USGS NAVD 1988
2. SUBJECT PROPERTY IS WITHIN FEMA ZONE "X"
3. THERE ARE NO RECREATION AREAS, RUNOFF CONTROL SYSTEMS, INTERNAL ROADS, STORM, SANITARY AND PROCESS SEWER SYSTEMS OR FIRE CONTROL FACILITIES ON THIS SITE
4. THERE ARE NO BARRIERS FOR DRAINAGE OR FLOOD CONTROL ON THIS SITE.

Figure I-3
1-200 Topo Map

TOPOGRAPHIC MAP OF SAFETY-KLEEN LOS ANGELES, CA STORAGE FACILITY

SCALE: 1 inch = 200 feet

ACAD-Los Angeles-CA.dwg, Jul 18, 2018, 12:46pm

FIGURE I-3

TOPO MAO (1-MILE RADIUS)

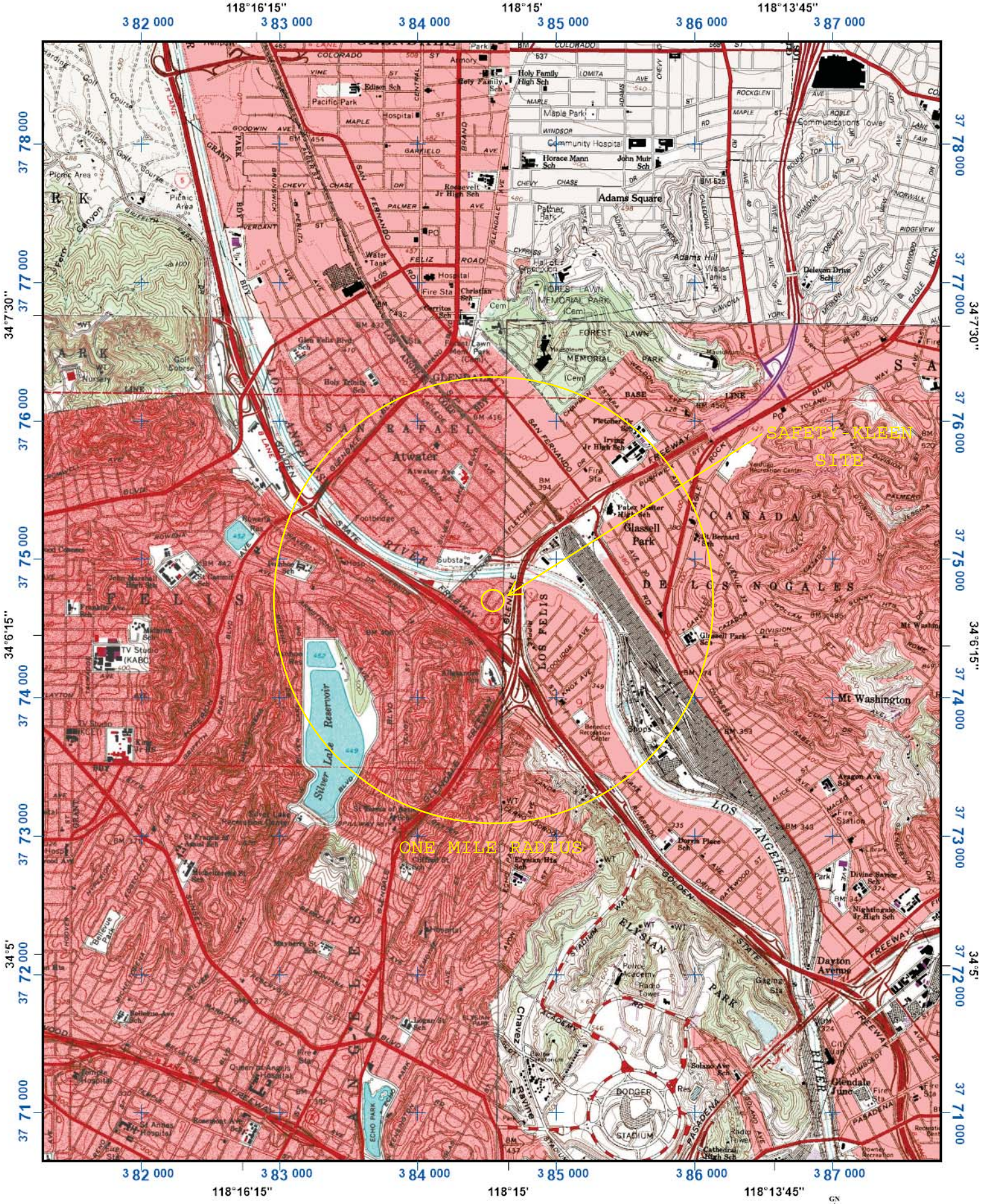
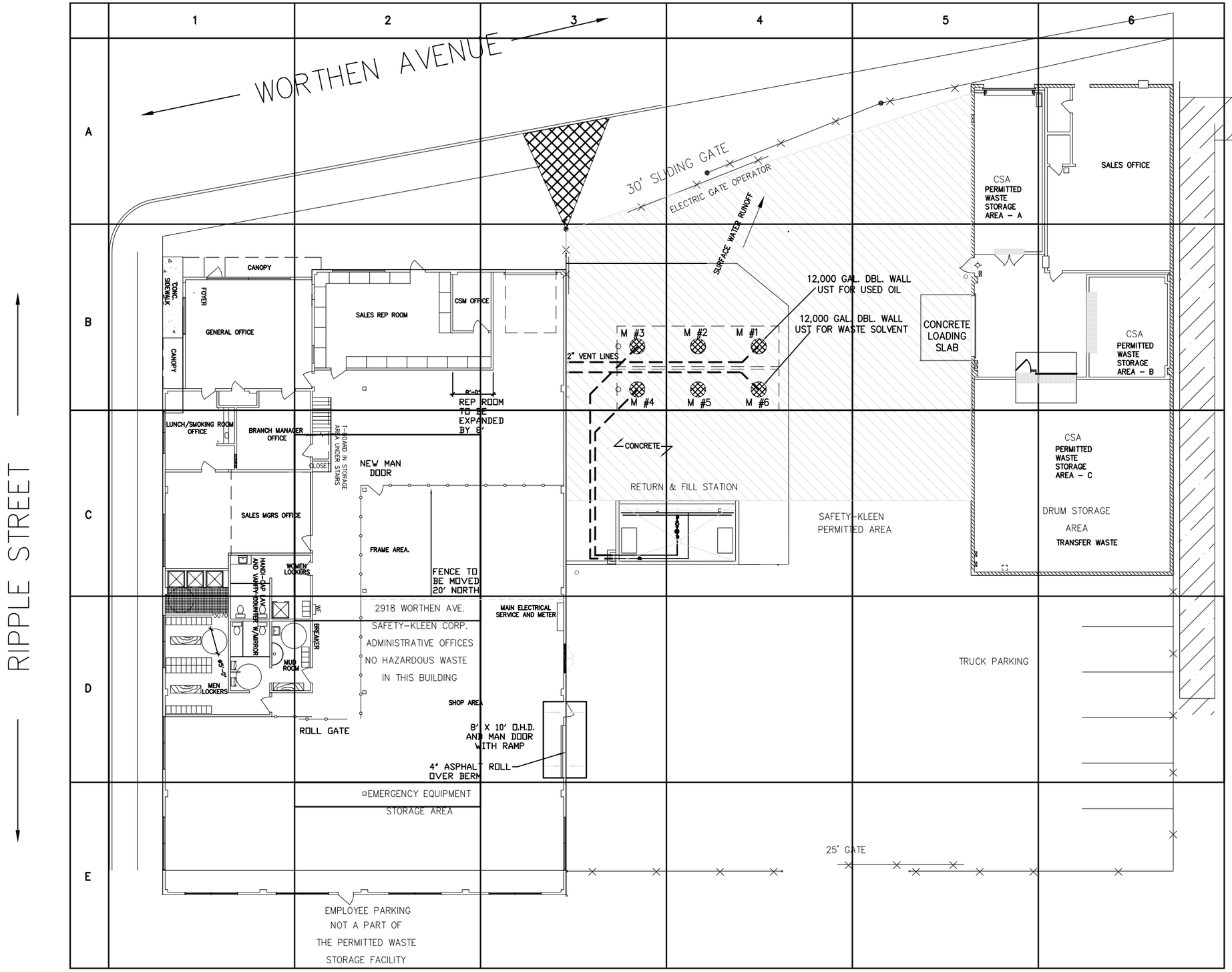

118°16'15"
118°15'
118°13'45"
34°7'30"
34°6'15"
34°5'
SAFETY-KLEEN SITE
ONE MILE RADIUS
Silver Lake Reservoir
Glassell Park
Atwater
Mt Washington
Dayton Avenue
Glendale Junc
Adams Square
Community Hospital
Holy Family High Sch
Horace Mann Sch
John Muir Sch
Roosevelt Jr High Sch
Edison Sch
Pacific Park
Maple Park
Communications Tower
Picnic Area
Golf Course
Forest Lawn Memorial Park (Cem)
Mausoleum
Fire Sta
Hospital
Water Tank
Holy Trinity Sch
Glen Vista Blvd Sch
Footbridge
Substa
TV Studio (KABC)
TV Studio (KCET)
Elysian Park
Dodger Stadium
Cathedral High Sch
Police Academy
Radio Tower
Chavez Ravine
Los Angeles River
Golden State Freeway
Pasadena Freeway
Glendale Freeway
Sunset Blvd
Colorado St
Figueroa St
Eagle Rock Blvd
Verdugo Recreation Center
Benedict Recreation Center
Aragon Ave Sch
Nightingale Jr High Sch
Divine Savior Sch
Irving Jr High Sch
Palisades High Sch
St Bernard Sch
Glassell Park Sch
Belvedere Park
Queen of Angels Hospital
St Anne's Hospital
Echo Park
Solano Ave Sch
Downey Recreation
Gaging Sta
Fire Station
Library
Mt Washington
Canada de los Nogales
Los Feliz
San Rafael
Glendale
Eagle Rock
Highland Park
Mt Washington
Elysian Park
Chavez Ravine
Silver Lake
Atwater
Glassell Park
Dayton Avenue
Glendale Junc
Adams Square
Adams Hill
Water Tanks
Hansen Dam
Golf Course
Nursery
Picnic Area
Fern Canyon
Wilson Golf Course
Pacific Park
Maple Park
Communications Tower
Holy Family High Sch
Horace Mann Sch
John Muir Sch
Roosevelt Jr High Sch
Edison Sch
Hospital
Fire Sta
Water Tank
Christian Sch
Cemetery
Forest Lawn Memorial Park (Cem)
Mausoleum

FIGURE I-4
SITE PLAN



MANWAY SCHEDULE
M 1 : FILL PIPE AND VENT LINE SEE SK STD 1011-01 DETAIL D
M 2: ACCESS MANWAY
M 3: CLEAN SOLVENT PUMP AND HLA SK STD 1011-01 DETAIL A
M 4: WASTE SOLVENT DRAIN LINE SEE STD 1010-01 DETAIL C
M 5: ACCESS MANWAY SEE SK STD 1010-01 DETAIL B
M 6: FILL PIPE AND VENT LINE SEE SK STD 1011-01 DETAIL D

FIGURE 1-4

NO.	DESCRIPTION	BY	CHK	APPR	DATE
12	REVISED FOR PERMIT	JEK	NT	NT	041318
11	REVISE TO SHOW CURRENT CONDITIONS	JEK	GM	GM	061715
10	REVISE TO SHOW CURRENT CONDITIONS	JEK	NT	NT	041115
09	ADD PROPOSED IMPROVEMENTS	JEK	SL	SL	110509
08	REVISE FENCE LOCATION	JEK	NT	NT	091609
07	REVISE NOTES/ EQP. LOCATIONS	JEK	NT	NT	061708
06	REVISE NOTES/ EQP. LOCATIONS	JEK	NT	NT	052808
05	REVISE TO SHOW CURRENT CONDITIONS	JEK	MC	MC	021408
04	ADD OUTDOOR CONTAINMENT AREAS	JEK	SL	SL	071807
03	REVISE TO SHOW CURRENT CONDITIONS	JEK	KP	KP	121406
02	REVISE TO SHOW CURRENT CONDITIONS	JEK	RG	NT	030206

REVISIONS

PROPRIETARY STATEMENT

THIS DRAWING IS THE EXCLUSIVE PROPERTY OF SAFETY-KLEEN SYSTEMS, INC. AND IS PROPRIETARY AND CONFIDENTIAL INFORMATION. THIS DRAWING AND THE INFORMATION CONTAINED THEREIN MUST NOT BE DUPLICATED, USED, DIVULGED, REPRODUCED, COPIED, DISCLOSED OR APPROPRIATED IN WHOLE OR IN PART FOR ANY PURPOSE OTHER THAT AS EXPRESSLY AUTHORIZED BY SAFETY-KLEEN SYSTEMS, INC. THIS DRAWING MUST BE RETURNED PROMPTLY UPON REQUEST.

TITLE

SITE PLAN
2918 WORTHEN AVE

SAFETY-KLEEN SYSTEMS, INC.
2600 N. CENT. EXPRESSWAY STE 400 RICHARDSON, TX. 75080
PHONE 800-669-5740

SCALE	BY	CHKD	P.E. APPR	OP. APPR	DATE
1"=20'	WEY	-	-	-	2-2-96

SERVICE CENTER BRANCH AT	STD-DWG-REV NO.
LOS ANGELES, CA	7116-SP00-001