



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

05/23/2008

Kurt Fogleman, EhS Manager
Perma - Fix of Orlando Inc
1940 NW 67th Pl
Gainesville, FL 32653-1649

DEP/EPA ID: **FLD980559728**
LOCATION: **10100 Rocket Blvd, Orlando.**

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number. The status of your facility remains:

Treater/Storer/Disposer, Large Quantity Generator, Used Oil Handler

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 10046
Email Address: kfogleman@perma-fix.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
 DEP Waste Management Division-HWRS, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8760

Date Received **RECEIVED**
 (for FDEP Official Use Only)
MAR 31 2008

EPA ID FLD980559728 BY: BSHW

1. Reason for Submittal
 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 site identification information).
 As a component of the Hazardous Waste Report.

2. Facility or Business Name PERMA FIX OF ORLANDO, INC.

3. Facility Operator (List additional Operators in the comments section)
 A. Name of Operator: PERMA-FIX OF ORLANDO, INC
 New Operator
 Date Became Operator : 06/01/1999 mm dd yy
 Street or P.O. Box: 10100 ROCKET BOULEVARD Phone Number: () -
 City or Town: ORLANDO State: FL Zip Code: 32824-
 Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information
 Physical Street Address: 10100 ROCKET BOULEVARD
 City or Town: ORLANDO State: FL Zip Code: 32824-
 County: ORANGE Land Type: Private Federal Municipal
 State Other
 Latitude: 0 0 0.0000 Longitude: 0 0 0.0000 Method:
 dd mm ss.ssss dd mm ss.ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)
 A. 562211 B.
 C. D.

6. Facility Mailing Address
 Street or P.O. Box: 10100 ROCKET BOULEVARD
 City or Town: ORLANDO Country: UNITED STATES 32824-

7. Facility Contact Person
 First Name: KURT A Last Name: FOGLEMAN Title:
 Phone Number: (352) 395-1356 Extension: Email: kfogleman@perma-fix.com
 Street or P.O. Box: 1940 NW 67TH PLACE
 City or Town: GAINESVILLE 32653-

8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section).
 Name of Real Property Owner: PERMA-FIX ENVIRONMENTAL SERVICES, INC
 New Owner
 Date Became Owner : 06/01/1999 mm dd yy
 Street or P.O. Box: 1940 N.W. 67TH PLACE Phone Number:
 City or Town: GAINESVILLE State: FL Zip Code: 32653-
 Owner Type: Private Federal Municipal State Other UNITED STATES

9. Type of Regulated Waste Activity Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice.

A. Hazardous Waste Activities

For Items 2 through 6, check 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 nonacute 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/or 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

3. **Recycler of Hazardous Waste (at your facility)**
Specify: Commercial; Non-Commercial.

Note: A hazardous waste permit may be required for this activity.

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** - Check 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**

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 0.00

B. Universal Waste Activities

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	Generate/ Accumulate	Transport
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containng Thermostats/Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Mercury Containng Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time

- a. 5,000 kg or more; Large Quantity Handler (LQH)
- b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
- c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. **Destination Facility for Universal Waste**
Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. **Transporter of UW**

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):

C. Used Oil Activities:

1. Used Oil Transporter - Indicate type(s) of activity(ies)

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)

- a. Marketer who directs shipment of offspecification used oil to off-specification used oil burner
- b. Marketer who first claims the used oil meets the specifications

5. Used Oil Generator

D. Other State Regulated Waste Activities:

These activities may require additional submissions.

1. Used Oil Filter Handler

2. PCW Handler

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.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D012	D013	D014
D015	D016	D017	D018	D019	D020	D021
D022	D023	D024	D025	D026	D027	D028

11. Other Status Changes (Mark 'X' in the appropriate boxes):

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

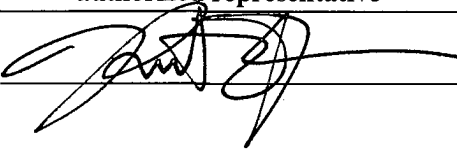
- 1. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- 2. Out of Business - Business closed on ___ / ___ / ___ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
 Contact _____ Phone _____
 Address _____
 City, State, Zip _____

C. Property Tax Default

D. Petition for Bankruptcy Protection

12. Comments:

13. 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 fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	KURT A FOGLEMAN EH&S MANAGER	03/28/2008

14. Additional Comments
or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility:

D029 D030 D031 D032 D033 D034 D035
D036 D037 D038 D039 D040 D041 D042
D043 F001 F002 F003 F004 F005 F006
F007 F008 F009 F010 F011 F012 F019 F020 F021 F022 F023 F024 F025 F026 F027 F028 F032 F034 F035 F037 F038 F039
K001 K002 K003 K004 K005 K006 K007 K008 K009 K010 K011 K013 K014 K015 K016 K017 K018 K019 K020 K021 K022 K023 K024
K025 K026 K027 K028 K029 K030 K031 K032 K033 K034 K035 K036 K037 K038 K039 K040 K041 K042 K043 K045 K046 K048 K049
K050 K051 K052 K060 K061 K062 K069 K071 K073 K083 K084 K085 K086 K087 K088 K093 K094 K095 K096 K097 K098 K099 K100
K101 K102 K103 K104 K105 K106 K107 K108 K109 K110 K111 K112 K113 K114 K115 K116 K117 K118 K123 K124 K125 K126 K131
K132 K136 K141 K142 K143 K144 K145 K147 K148 K149 K150 K151 K156 K157 K158 K159 K161 P001 P002 P003 P004 P005 P006
P007 P008 P009 P010 P011 P012 P013 P014 P015 P016 P017 P018 P020 P021 P022 P023 P024 P026 P027 P028 P029 P030 P031
P033 P034 P036 P037 P038 P039 P040 P041 P042 P043 P044 P045 P046 P047 P048 P049 P050 P051 P054 P056 P057 P058 P059
P060 P062 P063 P064 P065 P066 P067 P068 P069 P070 P071 P072 P073 P074 P075 P076 P077 P078 P081 P082 P084 P085 P087
P088 P089 P092 P093 P094 P095 P096 P097 P098 P099 P101 P102 P103 P104 P105 P106 P107 P108 P109 P110 P111 P112 P113
P114 P115 P116 P118 P119 P120 P121 P122 P123 P127 P128 P185 P188 P189 P190 P191 P192 P194 P196 P197 P198 P199 P201
P202 P203 P204 P205 U001 U002 U003 U004 U005 U006 U007 U008 U009 U010 U011 U012 U014 U015 U016 U017 U018 U019 U020
U021 U022 U024 U025 U026 U027 U028 U029 U030 U031 U032 U033 U034 U035 U036 U037 U038 U039 U041 U042 U043 U044 U045
U046 U047 U048 U049 U050 U051 U052 U053 U055 U056 U057 U058 U059 U060 U061 U062 U063 U064 U066 U067 U068 U069 U070
U071 U072 U073 U074 U075 U076 U077 U078 U079 U080 U081 U082 U083 U084 U085 U086 U087 U088 U089 U090 U091 U092 U093
U094 U095 U096 U097 U098 U099 U101 U102 U103 U105 U106 U107 U108 U109 U110 U111 U112 U113 U114 U115 U116 U117 U118
U119 U120 U121 U122 U123 U124 U125 U126 U127 U128 U129 U130 U131 U132 U133 U134 U135 U136 U137 U138 U140 U141 U142
U143 U144 U145 U146 U147 U148 U149 U150 U151 U152 U153 U154 U155 U156 U157 U158 U159 U160 U161 U162 U163 U164 U165
U166 U167 U168 U169 U170 U171 U172 U173 U174 U176 U177 U178 U179 U180 U181 U182 U183 U184 U185 U186 U187 U188 U189
U190 U191 U192 U193 U194 U196 U197 U200 U201 U202 U203 U204 U205 U206 U207 U208 U209 U210 U211 U213 U214 U215 U216
U217 U218 U219 U220 U221 U222 U223 U225 U226 U227 U228 U234 U235 U236 U237 U238 U239 U240 U243 U244 U246 U247 U248
U249 U271 U278 U279 U280 U328 U353 U359 U364 U367 U372 U373 U387 U389 U394 U395 U404 U409 U410 U411