

# 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

02/24/2009

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

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Perma - Fix of Orlando Inc located at **10100 Rocket Blvd, Orlando.** 

#### FLD980559728

Your facility has been registered with the following requested status/activities:

Treater/Storer/Disposer, HW Transporter, Large Quantity Generator
Used Oil Marketer, Used Oil Recycler, Petroleum Contact Wastewater Management, Oil
Filters, Transfer Facility, Used Oil Transporter
Large Quantity Handler of Universal Batteries, Universal Battery Transporter, Universal
Ther

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706. Sincerely,

Michael X. Redig Environmental Manager Hazardous Waste Regulation Section

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

Link: http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLD980559728



10100 ROCKET BOULEVARD . ORLANDO, FLORIDA 32824

February 13, 2009

## via laurie.tenace@dep.state.fl.us and UPS Mail

Laurie Tenace Universal Waste Lamps Management Florida Dept. of Environmental Protection Mail Station #2510 2600 Bair Stone Road Tallahassee, FL 32399-400

Subject:

2008 Annual Universal Waste Lamps/Devices Report and

Registration Renewal

Perma-Fix of Orlando, Inc. (PFO), 10100 Rocket Drive., Orlando

EPA ID Number FLD 980 559 728

Dear Ms. Tenace:

This submittal shall serve as Perma-Fix of Orlando, Inc.'s (PFO) 2008 Annual Universal Waste Lamps/Devices Report and Registration Renewal. Enclosed with this letter are the following documents:

- a. Completed Universal Waste Lamp and Device Transporter / Transfer Facility Information Checklist
- b. Completed Form 8700-12FL

PFO's universal waste lamps/devices transfer facility located at 10225 General Drive in Orlando, moved all of its operations to the PFO facility located at 10100 Rocket Blvd., approximately 75 yards east, around May, 2008. The property on General Drive has been clean closed and sold to another third party in 2008. Universal waste lamps and devices reported in the attached checklist reflects lamps managed by both the General Drive and Rocket Blvd. facilities. This means there was no double counting in the attached report.

If you have any questions or need additional information, please call me or Victor San Agustin at 407/859-4441.

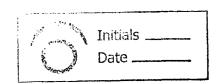
Sincerely,

Perma-Fix) of Orlando, Inc.

Raj **S**ingh

**Operations Manager** 

RS/vsa



# FLORIDA

## 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS45601 ງ ງທີ່ງີ 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772

| echi in    | 1112          | TO KE | CCIVE        | 10    | 44 (41) |
|------------|---------------|-------|--------------|-------|---------|
| ensieki Li |               |       |              |       |         |
| 46         | The Book and  |       | 9124139      |       |         |
| for        | -1)-1         |       | CIAL.        | Jse ( | )nly)   |
|            |               |       | TTTT         |       |         |
| M ( 1884   | 14 44 9 14 14 | #1000 | AGGERTAL PAG |       |         |

MIS I THE RESIDENCE OF THE PROPERTY OF THE PRO 9 0 5 9 7 2 8 Mark 'X' in 1. Reason for To provide initial notification (to obtain an EPA ID Number for hazardous correct box: Submittal waste, universal waste, or used oil activities). To provide <u>subsequent notification</u> (to update status and facility identification information). ☐ Is this the **final notification** (see instructions) for the facility? 2. Facility or FEID No. PERMA-FIX OF ORLANDO, INC. **Business Name** 31-1017466 3. Facility Operator Name of Operator: New Operator PERMA-FIX OF ORLANDO. INC. Date became Operator: 04 (List additional Operators in the comments section). Street or P.O. Box: Phone Number: 10100 Rocket Blvd. 407/859-4441 City or Town: State: Zip Code: Orlando 32824 Operator Type: Private Federal Municipal | State Other 4. Facility Physical Physical Street Address: 10100 Rocket Blvd. Location City or Town: Information State: Zip Code: FL Orlando 32824 County: Orange If available, please attach a map or sketch of the facility boundaries. Latitude: |2|8| |2|5| |0|5| 84| Longitude: |8|1| |2|3| |1|0| 97| Method: Google Maps S S . SSSS m m Datum: s s . ssss m m 5. Facility North American Industry В 562111 562112 Classification System (NAICS) C. Code(s) Street Address or P.O. Box: 6. Facility or 10100 Rocket Blvd. **Business Mailing** City or Town: Zip Code: State: Orlando 32824 Address First Name: 7. Facility or Last Name: Title: Rai Singh **Ops Manager Business Contact** Phone Number: E-Mail: Person **Extension:** 407/859-4441 rsingh@perma-fix.com 119 Street or P.O. Box: 10100 Rocket Blvd. City or Town: State: Zip Code: FL 32824 Orlando 8. Real Property Name of Real Property (Land) Owner: ∐New Owner Date became Owner: 04 / 10 / 99 Perma-Fix Environmental Services, Inc. (Land) Owner of the Facility's mm dd Physical Location Street or P.O. Box: Phone Number: 770/587-9898 8302 Dunwoody Place (List additional real property owners City or Town: State: Zip Code: GA Atlanta 30350 in the comments section.) Owner Type: Private ☐ State Federal Municipal Other

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EPA ID No. FLD980559728                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| D. Type of Regulated Waste Activity (Mark 'X' in all tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt apply):                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| A. Hazardous Waste Activities:  (1) Generator of Hazardous Waste  (Choose only one of the following three categories.)  (Choose only one of the following three categories.) | For Items 2 through 7, mark 'X' in all that apply.  (2) Treater, Storer, or Disposer of 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (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 |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (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. (Attached next 3 fages)                   |  |  |  |  |  |
| In addition, indicate other generator activities that apply.  A. United States Importer of hazardous waste  B. Mixed Waste (hazardous and radioactive)  Generator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.                                                                                                                                                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | waste only \( \otimes \) b. For commercial purposes                                                                                                                                                                                                                                           |  |  |  |  |  |
| Contact Cheryl Boozer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone 404/531-5438                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| Policy Number EG 3112895                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Expiration date 09-01-2009                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| d. Transportation Mode ☐ Air ☐ Rail ☒ Highway e. ☒ Hazardous Waste Transfer Facility: ☐ Initial notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Storage Volume approx. 34,000 gallons                                                                                                                                                                                                                                                         |  |  |  |  |  |
| 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.]  Notification of changes in above items  Annual update notification                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |  |  |  |  |  |

|                                                                                                                                                                                                        | FLD980559728<br>EPA ID No.                                                                                                                       |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| B. Universal Waste (UW) Activities (Mark 'X' in all that apply) (".                                                                                                                                    | Manhanota Salari S                                                                                                                               |  |  |  |  |  |  |  |  |
| 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 |                                                                                                                                                  |  |  |  |  |  |  |  |  |
| Mercury-containing lamps $SQH = less than 2,000 kg (8,000 lamp)$<br>[Note: 4 lamps = 1 kg, 62-737.200(10)]                                                                                             |                                                                                                                                                  |  |  |  |  |  |  |  |  |
| Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceu                                                                                                                                          | utical waste (UPW) accumulated                                                                                                                   |  |  |  |  |  |  |  |  |
| Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazard                                                                                                                                        |                                                                                                                                                  |  |  |  |  |  |  |  |  |
| Pharmaceuticals SQH = always less than 5,000 kg of UPW and a                                                                                                                                           | •                                                                                                                                                |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                        |                                                                                                                                                  |  |  |  |  |  |  |  |  |
| (1) For those Managing Generate (see note in Handle at Transfer                                                                                                                                        | (2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.                             |  |  |  |  |  |  |  |  |
| a. Batteries                                                                                                                                                                                           | less than 5,000 kg                                                                                                                               |  |  |  |  |  |  |  |  |
| b. Pesticides                                                                                                                                                                                          | less than 5,000 kg                                                                                                                               |  |  |  |  |  |  |  |  |
| c. Pharmaceuticals                                                                                                                                                                                     | less than 5,000 kg                                                                                                                               |  |  |  |  |  |  |  |  |
| d. Mercury Containing Devices                                                                                                                                                                          | less than 100 kg                                                                                                                                 |  |  |  |  |  |  |  |  |
| e. Mercury Containing Lamps                                                                                                                                                                            | less than 5,000 kg                                                                                                                               |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                        | 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 storage prior to recy-                                                                                                                         | y, a facility must treat, dispose or recycle a UW. A permit is required for cling.                                                               |  |  |  |  |  |  |  |  |
| C. Used Oil Activities:                                                                                                                                                                                | 8) Specific Certification to be signed by all Used Oil Transporters                                                                              |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                        | I certify as a Used Oil Transporter that the training program and financial                                                                      |  |  |  |  |  |  |  |  |
| E a. Hansporter                                                                                                                                                                                        | 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 |  |  |  |  |  |  |  |  |
| D. Transfer Facility                                                                                                                                                                                   | orginally 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.                                                                                              |  |  |  |  |  |  |  |  |
| (5) 🗵 Used Oil Fuel Marketer<br>(6) Used Oil Filter                                                                                                                                                    | 01.1                                                                                                                                             |  |  |  |  |  |  |  |  |
| X a Transporter                                                                                                                                                                                        | R/]L                                                                                                                                             |  |  |  |  |  |  |  |  |
| ■                                                                                                                                                                                                      | Signature of Authorized Person                                                                                                                   |  |  |  |  |  |  |  |  |
| c. Processor                                                                                                                                                                                           | Ráj Singh, Operations Manager                                                                                                                    |  |  |  |  |  |  |  |  |
| d. End User                                                                                                                                                                                            | 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                                                                                                                                     | (9) The records required under the provisions of Rule 62-710.510,                                                                                |  |  |  |  |  |  |  |  |
| applicable, enclose a check or money order, in the amount of \$100,                                                                                                                                    | F.A.C., are kept at (check one):                                                                                                                 |  |  |  |  |  |  |  |  |
| payable to Florida Department of Environmental Protection.  A check is enclosed. (To be submitted with annual leads)                                                                                   | ☐ Our mailing (business) address ☐ The site (facility) address                                                                                   |  |  |  |  |  |  |  |  |
| ■ A check is enclosed. (To be submitted with annual usel oil report going to streng Bolton) 15A 2/13/09                                                                                                | ★ The site (facility) address                                                                                                                    |  |  |  |  |  |  |  |  |

|                                                        | -                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                |                                                     |                           |                                               |                                                                     |                                                                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|---------------------------|-----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|                                                        |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                |                                                     | EP                        | 'A ID No.                                     | FLD:                                                                | 980559728                                                                                                                         |
| D.                                                     | Other State R                                                                                                               | Regulated Waste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Activities:                                                          | ×                              | Petroleum (                                         | Conta                     | ct Water (P                                   | CW) Handler [Chanit may be required                                 | apter 62-740, F.A.C.] for this activity.                                                                                          |
|                                                        |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                |                                                     |                           |                                               |                                                                     | zardous wastes handled at                                                                                                         |
|                                                        |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | they are presented                                                   |                                |                                                     |                           |                                               |                                                                     |                                                                                                                                   |
| L                                                      | Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                |                                                     |                           |                                               |                                                                     |                                                                                                                                   |
| 1                                                      | D001 <sup>2</sup> D002 <sup>3</sup> D003 <sup>4</sup> D004 <sup>5</sup> D005 <sup>6</sup> D006 <sup>7</sup> D007            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                |                                                     |                           |                                               |                                                                     | <sup>7</sup> D007                                                                                                                 |
| <sup>8</sup> D008 <sup>9</sup> D009 <sup>10</sup> D010 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                | D011                                                | 12                        | D021                                          | <sup>J3</sup> D022                                                  | <sup>14</sup> D035                                                                                                                |
| 15                                                     | D036                                                                                                                        | <sup>16</sup> D037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <sup>17</sup> D038                                                   | 18                             | D039                                                | 19                        | D040                                          | <sup>20</sup> D041                                                  | <sup>21</sup> D042                                                                                                                |
| 22                                                     | F001                                                                                                                        | <sup>23</sup> F002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <sup>24</sup> F003                                                   | 25                             | F004                                                | 26                        | F005                                          | <sup>27</sup> F006                                                  | <sup>28</sup> F027                                                                                                                |
| 11.                                                    | Other Statu                                                                                                                 | ıs Changes (M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ark 'X' in all that a                                                | pply                           | ):                                                  |                           |                                               |                                                                     |                                                                                                                                   |
| A                                                      | (1) Bus (2) Was                                                                                                             | iness no longer goste generated by b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Waste at This Faci<br>enerates, transports,<br>susiness has been de  | treats                         |                                                     | -                         |                                               | us waste                                                            |                                                                                                                                   |
| В                                                      | be (2) Out add Contact Addres                                                                                               | sed at this location handling regulated to f Business - Business, and phone in the second sec | ed waste there. siness closed on number where you c                  | an be                          | reached after                                       | closii                    | (Date).                                       | Please provide a co                                                 | new location if you will ntact person, mailing                                                                                    |
|                                                        | C. Pro                                                                                                                      | perty Tax Defau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ılt                                                                  |                                | D. Petitio                                          | n for                     | Bankruptcy                                    | Protection                                                          |                                                                                                                                   |
| in a<br>info<br>for                                    | accordance with formation submitting falson                                                                                 | h a system design<br>itted is, to the bes<br>se information, in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed to assure that quant<br>t of my knowledge<br>cluding the possibil | alified<br>and b<br>ity of     | I personnel pre<br>elief, true, acc<br>fine and imp | operly<br>curate<br>isonn | y gather and and and and comple nent for know | evaluate the inform<br>te. I am aware that<br>ving violations. If I | my direction or supervision ation submitted. The there are significant penalties have notified as a transfer ale 62-730.182, FAC. |
| Sig                                                    | gnature of ov                                                                                                               | vner, operator,<br>representativ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or an authorized                                                     | 1                              | Print Name and Title                                |                           |                                               | Title                                                               | Date Signed<br>(mm-dd-yyyy)                                                                                                       |
| [7]                                                    |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | Raj Sin                        | gh, (                                               | 02-12-2009                |                                               |                                                                     |                                                                                                                                   |
|                                                        |                                                                                                                             | <del>////</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                | <u> </u>                                            |                           |                                               |                                                                     |                                                                                                                                   |
| Г                                                      |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | T                              |                                                     |                           |                                               |                                                                     |                                                                                                                                   |
| If                                                     |                                                                                                                             | o filled in this fo<br>ctor San Agu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rm is not the Facil<br>stin                                          | ity Co                         | ontact or Op<br>407/341-                            |                           | -                                             |                                                                     | tion below:<br>perma-fix.com                                                                                                      |
| (Name of person completing this form)                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Ph                                                                  | (Phone Number) (E-mail Address |                                                     |                           | )                                             |                                                                     |                                                                                                                                   |
|                                                        | . Comments<br>PFO is a tra                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ansfer facility of                                                   | f PC                           | W, not a r                                          | ecov                      | ery facility                                  | for PCW.                                                            |                                                                                                                                   |



# Florida Department of Environmental Protection

•

FEB 1 7 2009

Jeff Kottkamp Lt. Governor

Charlie Crist

Governor

Michael W. Sole Secretary

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

# 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.

| Perm           | FLD982559728                                                                                   |                  |                                   |               |              |  |  |  |  |
|----------------|------------------------------------------------------------------------------------------------|------------------|-----------------------------------|---------------|--------------|--|--|--|--|
|                |                                                                                                | (EPA id)         |                                   |               |              |  |  |  |  |
|                |                                                                                                | ocket Blvd       | Orlando                           | Florida       | 32824        |  |  |  |  |
|                | (Street Address,                                                                               |                  | (City)                            | (State)       | (Zip)        |  |  |  |  |
| 407/859-       | 4441                                                                                           | 407/855-2812     | rsingh@perma-f                    | ix.com        |              |  |  |  |  |
| (Phone)        | (Fax)                                                                                          | 1. 0             | (E-mail)                          |               |              |  |  |  |  |
|                |                                                                                                |                  | facilities (in-state and out-of-s | state).       |              |  |  |  |  |
|                |                                                                                                |                  | k all boxes that apply.           | est. 800 la   | mne          |  |  |  |  |
|                |                                                                                                |                  | during the last calendar year     |               | ps           |  |  |  |  |
| Туре           | es: F                                                                                          | uorescent 🔀      | HID 🗌                             |               |              |  |  |  |  |
| 2. Estimated   | l <u>number</u> of                                                                             | DEVICES handle   | d during the last calendar year.  | None          | e<br>        |  |  |  |  |
| Type           | s: Thermos                                                                                     | ats 🗵 Elect      | ric Switches/Relays 🗵             |               |              |  |  |  |  |
|                | Thermon                                                                                        | neters 🔀 🛮 Mano  | ometers 🔀 Other 🗵                 |               |              |  |  |  |  |
| 3. Estimated   | d weight of                                                                                    | DEVICES handled  | during the last calendar year.    | 0 (zero)      | lb.          |  |  |  |  |
| 4. Estimated   | l <u>number</u> of                                                                             | lamps or devices | you shipped to each lamp recyc    | eling facilit | y. Check the |  |  |  |  |
|                | boxes for lamps (L) or devices (D). Give the facility name, location, and contact information. |                  |                                   |               |              |  |  |  |  |
| Number         | L D                                                                                            | Facility Nam     | ne City                           | State         | Phone        |  |  |  |  |
| est. 800 lamps |                                                                                                | AERC, INC.       | Melbourne                         | Florida       | 321/952-1516 |  |  |  |  |
| None           |                                                                                                | n/a              | n/a                               | n/a           | n/a          |  |  |  |  |
|                |                                                                                                | _                |                                   |               |              |  |  |  |  |
|                |                                                                                                |                  |                                   |               |              |  |  |  |  |
|                |                                                                                                |                  |                                   |               |              |  |  |  |  |
|                |                                                                                                |                  |                                   |               |              |  |  |  |  |
| Drine          | CAJ SING                                                                                       | Morized Agent    | Signature of Authorized Agent     | 2/12/09       | 7<br>ate     |  |  |  |  |
| riilit         | ivanie oi Auti                                                                                 | onzeu Agent      | Signature of Authorized Agent     | ט             | alt          |  |  |  |  |



## Florida Department of **Environmental Protection**

**Bob Martinez Center** 2600 Blairstone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamo Lt. Governor

Michael W. Sole Secretary

PERMITTEE:

Perma-Fix of Orlando, Inc. 10100 Rocket Boulevard Orlando, Florida 32824

ATTENTION: Kurt Fogleman

I.D. NUMBER: FLD 980 559 728

PERMIT/CERTIFICATION NUMBER: 26916-HO-006

DATE OF ISSUE: JANUARY 28, 2009 EXPIRATION DATE: November 6, 2013

COUNTY: Orange

LATITUDE / LONGITUDE: 28° 25' 04" N/81° 23' 10" W PROJECT: Operation of a Hazardous Waste Container

Storage Unit and Implementation of HSWA

Corrective Action Requirements

Pursuant to authorization obtained by the Florida Department of Environmental Protection (FDEP) under the Resource Conservation and Recovery Act [42 United States Code (U.S.C.) 6901, et seq., commonly known as RCRA] and the Hazardous and Solid Waste Amendments of 1984 (HSWA), this permit is issued under the provisions of Section 403.722, Florida Statutes (F.S.) and Chapters 62-4, 62-160, 62-710, 62-730, 62-777 and 62-780, Florida Administrative Code (F.A.C.). This permit replaces expired permit 26916-HO-005. The above-named Permittee is hereby authorized to perform the work or operate the facility shown on the application dated May 9, 2008 with first revision dated August 14, 2008 and second revision dated September 18, 2008 and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof herein referred to as "the Application". The facility is located at 10100 Rocket Boulevard, Orlando, Florida 32824 (See Attachment A). The RCRAregulated units are specifically described as follows:

## Container Storage Unit:

Perma-Fix of Orlando is permitted to store a maximum of 824 (55 gal) drums, or equivalent, in three sub-units in the Container Storage Building (see Attachment B). Each individual storage cell located within the Container Storage Building has separate secondary containment designed to isolate incompatible wastes that may be stored in adjacent cells. A synthetic coating material resistant to solvents and corrosives has been applied to the floor surface to protect the floor and reduce its porosity. The dimensions of the secondary containment systems are such that they are capable of containing spills the size of at least 10% of the maximum storage capacity of the cells. The drums are stored on pallets and may be double stacked. Incompatible wastes are stored in separate cells.

The Permittee may store non-hazardous wastes in the permitted container storage unit. In such a case, PFO shall not exceed the permitted capacity of the unit after counting the non-hazardous waste quantity.

PERMITTEE: Perma-Fix of Orlando, Inc. 10100 Rocket Boulevard Orlando, Florida 32824 I.D. NUMBER: FLD 980 559 728

PERMIT/CERTIFICATION NUMBER: 26916-HO-006

EXPIRATION DATE: November 6, 2013

#### Waste Consolidation:

Perma-Fix of Orlando consolidates compatible hazardous wastes at two locations at the facility. The first location is inside the north building and the second location is on the west side of the north building. The consolidation areas are identified in Attachment B. Consolidation activities are part of storage. The amount of hazardous wastes in the consolidation areas are counted toward the maximum hazardous waste storage capacity.

## Transfer Facility:

Perma-Fix of Orlando is registered with the Department as a hazardous waste transfer facility in accordance with Rule 62-730.171, F.A.C. The transfer facility provisions allow a hazardous waste transporter to hold waste at the transfer facility for ten days or less while in transportation to another facility. Perma-Fix of Orlando may use the container storage unit to hold waste regulated under the transfer facility provisions for short periods of time. Perma-Fix of Orlando shall ensure that the transfer facility waste is accumulated in areas that are clearly demarked as transfer facility areas and that are in compliance with the requirements of Rule 62-730.171, F.A.C., including but not limited to 40 CFR Part 265, Subpart I. The amount of hazardous wastes in clearly demarked transfer facility areas that are in compliance with Rule 62-730.171, F.A.C. are not counted toward the maximum hazardous waste storage capacity.

Perma-Fix of Orlando is registered with the Department as a used oil transfer facility in accordance with Rule 62-710, F.A.C. The Permittee shall comply with the standards of 40 C.F.R. Part 279, Subpart E and the registration, record keeping and certification requirements found in Rules 62-710.500, 62-710.510 and 62-710.600, F.A.C.

### Solid Waste Management Units:

Eleven solid waste management units (SWMUs) were identified in the United States Environmental Protection Agency (EPA) HSWA permit issued on August 10, 1995, as described in Appendix A of this permit. Confirmatory sampling required for SWMU 7 (Catch Basin) and SWMU 9 (Stormwater Retention Area) were conducted. EPA issued a letter on August 20, 1997 stating that SWMU 7 and SWMU 9 require no further action. SWMU 7 and SWMU 9 have been filled and covered and are re-named Former Catch Basin and Former Stormwater Retention Area. The replacement Stormwater Retention Area is designated as SWMU 11. No remedial corrective action is required at the facility at this time.

**HSWA Units: No Further Action** 

SWMU-l Container Storage Area

SWMU-2 Emergency Spill Containment Tanks

SWMU-3 Waste Oil Sump (closed)

PERMITTEE: Perma-Fix of Orlando, Inc. 10100 Rocket Boulevard Orlando, Florida 32824 I.D. NUMBER: FLD 980 559 728

PERMIT/CERTIFICATION NUMBER: 26916-HO-006

EXPIRATION DATE: November 6, 2013

SWMU-4 Drum Storage Area (northeast)
 SWMU-5 Drum Storage Area (northwest)

SWMU-6 Portable Band Saw Area

• SWMU-7 Former Catch Basin

• SWMU-8 Dumpster

• SWMU-9 Former Stormwater Retention Area

SWMU-10 Bermed Unloading Area
 SWMU-1 1 Stormwater Retention Area

• SWMU-12 Consolidation Area A (Inside North Building)

• SWMU-13 Consolidation Area B (Outside North Building)

The Permittee is required to investigate any releases of hazardous waste or hazardous constituents at the facility regardless of the time at which waste was placed in a unit and to take appropriate corrective action for any such releases. Solid waste management units (SWMUs) and areas of concern (AOCs) identified to date are listed above and in Appendix A. Pursuant to 40 Code of Federal Regulations (CFR) 260.10 [as adopted by reference in Rule 62-730.020(1), F.A.C.], the corrective action requirements of this RCRA permit extend to all contiguous property under the control of the Permittee (see Attachment A, a map which demarks the property boundaries of land under the Permittee's control) and to all contamination that originated from discharges that occurred at the contiguous property under control of the Permittee.

This permit is based on the premise that information and reports submitted by the Permittee prior to issuance of this permit are accurate. Any inaccuracies found in this information or information submitted as required by this permit may be grounds for termination or modification of this permit in accordance with Rule 62-730.290, F.A.C and potential enforcement action.

Compliance with the terms of this permit does not constitute a defense to any order issued or any action brought under Section 3008(a), 3008(h), 3004(v), 3008(c), 3007, 3013 or Section 7003 of RCRA, Sections 104, 106(a), 106(e), or 107 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 U.S.C. 9601 *et seq.*, commonly known as CERCLA), or any other law providing for protection of public health or the environment. The Permittee is required to comply with applicable provisions of 62-730 F.A.C. and 40 CFR Parts 260 through 270, and 279 adopted therein, even when not specifically referenced in this permit.

The following documents were used in the preparation of this permit:

- 1. Operating Permit H048-118812 issued March 27, 1987.
- 2. Permit Modifications issued February 24, 1988 and March 25, 1991.
- 3. Construction Permit Application submitted October 29, 1991 and revised November 16, 1992.