



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

September 22, 2009

Kurt Fogleman
Perma - Fix of Orlando Inc
10100 Rocket Blvd
Orlando, FL 32824-8565

Re: Florida Hazardous Waste Transporter Approval

Dear Kurt Fogleman:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Kurt Fogleman
September 22, 2009
Page Two

If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Form [Form 62-730.900(6)]. Notification also must include a contingency and emergency plan and a facility closure plan in accordance with Rule 62-730.171(3)(a), F.A.C. The owner or operator must also demonstrate to the satisfaction of the Department that the location complies with the relevant siting requirements listed in section 403.7211(2) Florida Statutes (F.S) before the location is used as a transfer facility.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171(6), F.A.C.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections [62-730.170](#) and [62-730.171](#) , FAC



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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Perma - Fix of Orlando Inc

FACILITY ID NO: FLD980559728

FACILITY ADDRESS: 10100 Rocket Blvd
Orlando, FL 32824-8565

INSURANCE CARRIER: AMERICAN INTL SPECIALTY

INSURANCE POLICY#: COPS1959253

EFFECTIVE DATE: September 01, 2009

EXPIRATION DATE: September 01, 2010

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: Aprilia Graves DATE: September 22, 2009
Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

Are your services commercially available? Yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: Perma-Fix of Orlando, Inc.

Transporter EPA ID: FLD 980 559 728

Location Address: 10100 Rocket Blvd.

Orlando, FL 32824

Contact: Victor San Agustin Telephone: (407) 859-4441, x-111

Mailing Address: 10100 Rocket Blvd.

Orlando, FL 32824

II. Insurance Information:

Insurance Company American International Specialty Lines Insurance Co.

Address 175 Waterstreet, Floor 12, New York, NY 10038

Contact: Kerma Parrett Telephone: (404) 531-5476

Policy Number: COPS1959253

Expiration date: 9/1/10

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 F001 F002 F003 F004 F005 F006
D003 D004 D005 D006 D007 D008 D009 D010 D011

Comments: _____

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Raj Singh

Operations Manager

Print/Type Name

Title

Signature

Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 9/01/2010 Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 9/22/2009

Signature of Florida Department of Environmental Protection Representative Date Signed



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
Pool Original
SEP 14 2009

EPA ID **F L D 9 8 0 5 5 9 7 2 8**

MIS

RCRA Info

BY: TSHV

1. Reason for Submittal

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name

PERMA-FIX OF ORLANDO, INC.

FEID No.

3 1 1 0 1 7 4 6 6

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:
PERMA-FIX OF ORLANDO, INC.

☐ New Operator
Date became Operator: **11 / 13 / 00**
mm dd yy

Street or P.O. Box: 10100 Rocket Blvd.

Phone Number: 407/859-4441

City or Town: Orlando

State: FL Zip Code: 32824

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical Location Information

Physical Street Address: 10100 Rocket Blvd.

City or Town: Orlando

State: FL Zip Code: 32824

County: Orange

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

Latitude: **2 8 2 4 5 8 6** Longitude: **8 1 2 3 1 5 9** Method: geocoder.us
dd mm ss.ssss dd mm ss.ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 562111

B. 562112

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 10100 Rocket Blvd.

City or Town: Orlando

State: FL Zip Code: 32824

7. Facility or Business Contact Person

First Name: Raj

Last Name: Singh

Title: Ops Manager

Phone Number: 407/859-4441

Extension: 109

E-Mail: rsingh@perma-fix.com

Street or P.O. Box: 10100 Rocket Blvd.

City or Town: Orlando

State: FL Zip Code: 32824

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:
PERMA-FIX OF ORLANDO, INC.

☐ New Owner
Date became Owner: ____ / ____ / ____
mm dd yy

Street or P.O. Box: 10100 Rocket Blvd.

Phone Number: 407/859-4441

City or Town: Orlando

State: FL Zip Code: 32824

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☒ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

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

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☒ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

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

A permit is required for storage prior to recycling.

(4) Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company AMERICAN INTERNATIONAL SPECIALTY LINES INSURANCE COMPANYAddress 175 Water Street, New York, NY 10038Contact Kerma Parrett (Wells Fargo Insurance Svcs) Telephone 404/531-5476Policy Number COPS1959253 Expiration date 09-01-2009d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☒ Hazardous Waste Transfer Facility: Storage Volume 59,106 gallons☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☒ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☒ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☒ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☒ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☒ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☒ Notification of changes in above items
- ☒ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☒ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☒ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3,000 lbs (estimate)
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3,000 lbs (estimate)
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3,000 lbs (estimate)
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3,000 lbs (estimate)
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8,000 lbs (estimate)

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.] Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

- (1) Used Oil Transporter - indicate type(s) of activity(ies):
- ☒ a. Transporter
- ☒ b. Transfer Facility
- (2) ☐ Collection Center
- (3) ☐ Used Oil Processor (A permit is required for this activity.)
- (4) ☐ Off-Specification Used Oil Burner
- (5) ☒ Used Oil Fuel Marketer
- (6) Used Oil Filter
- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User
- (7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.
- ☐ A check is enclosed.
- (8) Specific Certification to be signed by all Used Oil Transporters
- I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.
- Signature of Authorized Person _____
- Print Name of Authorized Person _____
- (9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):
- ☐ Our mailing (business) address
- ☐ The site (facility) address

D. Other State Regulated Waste Activities:☒ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

¹ D001	² D002	³ D003	⁴ D004	⁵ D005	⁶ D006	⁷ D007
⁸ D008	⁹ D009	¹⁰ D010	¹¹ D011	¹² F001	¹³ F002	¹⁴ F003
¹⁵ F004	¹⁶ F005	¹⁷ F006	¹⁸ F007	¹⁹ F009	²⁰ F019	²¹ P005
²² P012	²³ U002	²⁴ U003	²⁵ U154	²⁶ U220	²⁷ U219	²⁸ U404

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

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

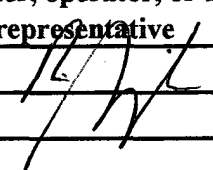
Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	RAJ SINGH, OPERATIONS MGR.	08-26-2009

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

Victor San Agustin

407/341-3351

vsanagustin@perma-fix.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Please note that Kurt Fogelman (352) 395-1356
kfogelman@perma-fix.com is the compliance contact
for this facility.



RECEIVED

SEP 03 2009

BY: BSHW

September 2nd, 2009

VIA FEDEX

Sebrena Bolton
Department of Environmental Protection
Hazardous Waste Management Section
2600 Blair Stone Road, MS 4550
Tallahassee, Florida 32399-2400

RE: Hazardous Waste Transporter Certificate of Liability Insurance
Hazardous Waste Transfer Facility Application Renewal
Perma-Fix of Orlando (FLD 980 559 728)

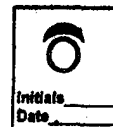
Dear Ms. Bolton:

With this letter I am submitting a signed original Hazardous Waste Transporter Certificate of Liability Insurance for the Perma-Fix of Ft. Perma-Fix of Orlando facility (FLD 980 559 728). Additional registration materials related to the transfer facility will be sent to you from Raj Singh at the Orlando facility under a separate cover.

If you have any questions regarding this information, please feel free to call me at (352) 395-1356 or e-mail me at kfogleman@perma-fix.com.

Sincerely,

Kurt Fogleman
Environmental, Health and Safety Manager
Perma-Fix Environmental Services
Southeast Region



STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. American International Specialty Lines Insurance Company
(Name of Insurer)

(the "Insurer"), of 175 Water Street, New York, NY 10038
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Perma-Fix Environmental Services, Inc.
(Name of Insured)

(the "Insured"), of 8302 Dunwoody Place, Ste 250, Atlanta, GA 30350
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
FLD 980559728	Perma-Fix of Orlando	10100 Rocket Blvd., Orlando, FL 32824

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$4,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number EG 311-28-95, issued on 9/1/2009.
(date)

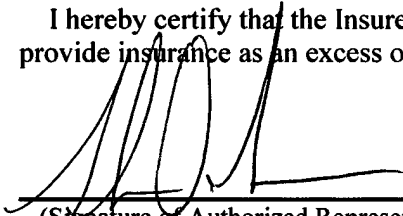
The effective date of said policy is 9/1/2009 and the expiration date of said policy is 9/1/2010.
(date) (date)

This insurance is excess and the company shall not be liable for amounts in excess of \$_____ for each accident in excess of the underlying limit of \$_____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is _____.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.

- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgement or judgements against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgements resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Thomas Orabona

(Typed name)

Vice-President/Environmental Casualty Division

(Title)

Authorized Representative of

American International Specialty Lines Insurance Company.

(Name of Insurer)

100 Connell Drive, Berkeley Heights, NJ 07922

(Address of Representative)

RECEIVED

SEP 10 2009

BY: BSHW

EPA ID Notification Center
Hazardous Waste Regulation
Section MS 4560
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-24500


ACORDTM CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/31/09												
PRODUCER 1-404-531-5400 Wells Fargo Insurance Services Southeast, Inc. 1100 Johnson Ferry Road Suite 250 Atlanta, GA 30342	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.													
INSURED Perma-Fix Environmental Services, Inc. Perma-Fix of Orlando, Inc. 10100 Rocket Blvd. Orlando, FL 32824-8565	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: American Intl Specialty Lines Ins Co</td> <td>26883</td> </tr> <tr> <td>INSURER B: COMMERCE & INDUSTRY INS CO</td> <td>19410</td> </tr> <tr> <td>INSURER C: Lexington Ins Co</td> <td>19437</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>		INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: American Intl Specialty Lines Ins Co	26883	INSURER B: COMMERCE & INDUSTRY INS CO	19410	INSURER C: Lexington Ins Co	19437	INSURER D:		INSURER E:	
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INSURER B: COMMERCE & INDUSTRY INS CO	19410													
INSURER C: Lexington Ins Co	19437													
INSURER D:														
INSURER E:														

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	EG3112895	09/01/09	09/01/10	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$25,000
					PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	CA3112897	09/01/09	09/01/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	EGU3112896	09/01/09	09/01/10	EACH OCCURRENCE \$10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$10,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC4883911 (AOS)	09/01/09	09/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC4883910 (CA)	09/01/09	09/01/10	E.L. EACH ACCIDENT \$1,000,000
					E.L. DISEASE - EA EMPLOYEE \$1,000,000
					E.L. DISEASE - POLICY LIMIT \$1,000,000
A	OTHER COPS - Professional and Pollution resulting from services provided	COPS1959253 (See attached for additional information)	09/01/09	09/01/10	Each Claim 15,000,000 Total All Claims 15,000,000 Ded. Per Claim 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: Perma-Fix of Orlando, Inc., 10100 Rocket Blvd., Orlando, FL 32824 and
Perma-Fix of Orlando, Inc., 10225 General Drive, Orlando, FL 32824

CERTIFICATE HOLDER FL DEPT. OF ENVIRONMENTAL PROTECTION ATTN: SHEILEEN SMITH 2600 BLAIR STONE ROAD TALLAHASSEE, FL 32399 USA	CANCELLATION (Except 10 days for non-payment of premium) SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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Wells Fargo Insurance Services Southeast, Inc.
1100 Johnson Ferry Road
Suite 250
Atlanta, GA 30342
USA

RECEIVED
DIRECTOR'S OFFICE
ADMINISTRATIVE SERVICES

09 SEP -8 AM 9:29

EBIX BPO

FL DEPT. OF ENVIRONMENTAL PROTECTION
ATTN: SHEILLEEN SMITH

2600 BLAIR STONE ROAD

TALLAHASSEE, FL 32399
USA

DEPARTMENT OF
ENVIRONMENTAL PROTECTION

RECEIVED

SEP 09 2009

BY: BSHW



Attached is a Certificate of Insurance for our mutual customer. If for some reason you no longer require a certificate for this Insured, please write "Delete" across the front of the certificate and fax it to (404) 255-4454.

****FOR FAX AND U.S. MAIL DELIVERY RECIPIENTS:** To expedite the issuance of certificates at renewal, we can e-mail an original certificate to you immediately upon the completion of our renewal process. If you would like future certificates delivered to you by way of e-mail, please contact us.

If you should have any questions regarding this certificate, please contact the sender or one of the following:

Sylvia Peterson, Technical Assistant, (404) 531-5421; sylvia_peterson@WellsFargoIS.com

Rosetta Leggett, Technical Assistant, (404) 257-7489; rosetta_leggett@WellsFargoIS.com

Dianne Oaks, Sr. Technical Assistant, (404) 531-5487; dianne_oaks@WellsFargoIS.com

Julia Taylor, Technical Assistant, (404) 531-5473; julia_taylor@WellsFargoIS.com

Cheryl Boozer, Dir. Training & Compliance, (404) 531-5438; cheryl_boozer@WellsFargoIS.com

****Please reference the Certificate ID Number (shown on bottom left of certificate) or pdf file number should you need to contact us regarding this certificate.****

Thank you,

Wells Fargo Insurance Services Southeast, Inc.

(404) 531-5400/(800) 241-6633

(404) 255-4454 Fax

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
08/31/09

NAME OF INSURED: Perma-Fix Environmental Services, Inc.
Perma-Fix of Orlando, Inc.

Additional Description of Operations/Remarks from Page 1:

Additional Information:

ADDITIONAL POLICY INFORMATION:

EAGLE Pollution Legal Liability (Claims-Made)

Carrier: American International Specialty Lines Ins. Co. (26883)

Policy Number: EG3112895

Effective Dates: 09/01/09 - 09/01/10

Limits: \$4,000,000 Each Claim; \$8,000,000 Total All Claims

Deductible: \$100,000 Per Claim

Excess Umbrella Liability

Carrier: Lexington Insurance Company (19437)

Policy Number: 011817302

Effective Dates: 09/01/09 - 09/01/10

Limits: \$5,000,000 Occurrence; \$5,000,000 Aggregate

Noland, Tiffaney

From: Noland, Tiffaney
Sent: Thursday, September 24, 2009 9:09 AM
To: Graves, Aprilia
Subject: FW: 10-day transfers

Yes, he approved it.

From: Tripp, Anthony
Sent: Monday, September 21, 2009 3:51 PM
To: Noland, Tiffaney
Subject: RE: 10-day transfers

I am back and their information was in by in-box. Everything they submitted looks good. Go ahead with the 10-day approval for Perma-Fix Orlando.

Anthony R. Tripp, Ph.D., P.E.
Professional Engineer III
Hazardous Waste Regulation Section
(850) 245-8766

From: Noland, Tiffaney
Sent: Monday, September 21, 2009 3:49 PM
To: Tripp, Anthony
Subject: RE: 10-day transfers

Hi Tony,

I'm not sure if you are back yet but I just wanted to see if you have heard anything about this yet?

Thanks,
Tiff

From: Tripp, Anthony
Sent: Monday, September 14, 2009 9:40 PM
To: Noland, Tiffaney
Subject: RE: 10-day transfers

I do not recall seeing anything for Perma-Fix Orlando. Kurt Fogleman at Perma-Fix Gainesville is now the contact for all Perma-Fix facilities in the state. I will contact him when I get back next week and see if they need to submit something now.

Tony

-----Original Message-----

From: Noland, Tiffaney
Sent: Fri 9/11/2009 3:37 PM
To: Tripp, Anthony
Cc:
Subject: RE: 10-day transfers

Hi Tony,

Have you been able to review the TF docs for the Orlando facility? We just received something on 9/10 but it's not scanned yet. (I'm not sure what it is though).

Thanks,
Tiff

From: Tripp, Anthony
Sent: Wednesday, September 09, 2009 4:41 PM
To: Noland, Tiffaney
Subject: RE: 10-day transfers

Sorry, it was sent down for scanning this morning.

From: Noland, Tiffaney
Sent: Wednesday, September 09, 2009 4:03 PM
To: Tripp, Anthony
Subject: RE: 10-day transfers

Hi Tony,

Did you get the required Transfer Facility documentation from them? If so, can you send me a copy of it so I can put with the other registration docs? If you have already sent it down for scanning then don't worry about it.

Thanks,
Tiff

From: Tripp, Anthony
Sent: Wednesday, September 09, 2009 8:11 AM
To: Noland, Tiffaney
Subject: 10-day transfers

Tiffaney,

I have received the ancillary documents required for the 10-day hazardous waste transfer facility at PermaFix of Ft. Lauderdale FLD981018773. You may proceed with processing their application.

Also, how many other facilities are you still waiting for an okay from me to proceed with their registration process?

Thanks.

Anthony R. Tripp, Ph.D., P.E.
Professional Engineer III
Hazardous Waste Regulation Section
(850) 245-8766