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

03/16/2010

Kurt Fogleman
Perma-Fix Of Florida Inc
1940 NW 67th Pl
Gainesville, FL 32653-1649

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **1940 NW 67th Pl, Gainesville, FL 32653-1649** has been registered through **March 1, 2011** with the following status:

Facility ID # **FLD980711071**
Transporter of Universal Waste Lamps and Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2011** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures

February 18, 2010 **VIA FedEx**

EPA Identification Notification Coordinator
Hazardous Waste Regulation Section
Department of Environmental Protection
2600 Blair Stone Road MS 4560
Tallahassee, FL 32399-2400

RE: 8700-12FL Florida Notification of Regulated Waste Activity for Perma-Fix Facilities
Perma-Fix of Florida, Inc. (FLD 980 711 071)
Perma-Fix of Orlando, Inc. (FLD 980 559 728)

Dear Sir or Madame:

With this letter I am submitting the 8700-12FL (Florida Notification of Regulated Waste Activity) for the Perma-Fix of Florida, Inc. (FLD 980 711 071) and Perma-Fix of Orlando, Inc. (FLD 980 559 728) facilities located respectively in Gainesville and Orlando.

In addition to the registration form, I am submitting the following attachments for each facility:

- Enclosure 1 for Item 9.A.(7) Hazardous Waste Transporter Certificate of Liability Insurance
- Enclosure 2 for Item 9.C.(7) $100 Check for Used Oil Registration Fee
- Enclosure 3 for Item 9.C.(8) Certificate of Liability Insurance Used Oil Transporters
- Enclosure 4 for Item 10 Facility Waste Codes
- Enclosure 5 Universal Waste Lamp and Device Transporter and Transfer Facility Information Checklist
- Enclosure 6 Annual Report by Used Oil and Used Oil Filter Handlers

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 & Safety Manager
Perma-Fix Southeast Region

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 (for FDEP Official Use Only)

EPA ID FLD980711071 | **MTS** | **RCRAInfo**

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 Florida, Inc. | **FEID No.:** 593241888

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

- **Name of Operator:** Perma-Fix of Florida, Inc. ☐ New Operator **Date became Operator:** ___/___/___ (mm dd yy)
- **Street or P.O. Box:** 1940 NW 67th Place | **Phone Number:** (352) 373-6066
- **City or Town:** Gainesville | **State:** FL | **Zip Code:** 32653
- **Operator Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

4. Facility Physical Location Information

- **Physical Street Address:** 1940 NW 67th Place
- **City or Town:** Gainesville, FL 32653 | **State:** FL | **Zip Code:** 32653
- **County:** Alachua | **If available, please attach a map or sketch of the facility boundaries.**
- **Latitude:** 29 43 00.____ (dd mm ss.ssss) **Longitude:** 82 20 58.____ (dd mm ss.ssss) **Method:** **Datum:**

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

A.	B.
562211	
C.	D.

6. Facility or Business Mailing Address

- **Street Address or P.O. Box:** 1940 NW 67th Place
- **City or Town:** Gainesville | **State:** FL | **Zip Code:** 32653

7. Facility or Business Contact Person

- **First Name:** Kurt | **Last Name:** Fogleman | **Title:** EH&S Manager
- **Phone Number:** (352) 395-1356 | **Extension:** | **E-Mail:** kfogleman@perma-fix.com
- **Street or P.O. Box:** 1940 NW 67th Place
- **City or Town:** Gainesville | **State:** FL | **Zip Code:** 32653

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 Florida, Inc. ☐ New Owner **Date became Owner:** ___/___/___ (mm dd yy)
- **Street or P.O. Box:** 1940 NW 67th Place | **Phone Number:** (352) 373-6066
- **City or Town:** Gainesville | **State:** FL | **Zip Code:** 32653
- **Owner Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

	EPA ID No.	FLD980711071

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 Company

Address 175 Water Street, 12th Floor, New York, NY 10038

Contact Thomas Orabona Telephone _____

Policy Number EG 311-28-95 Expiration date 09/01/2010

d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____

e. ☐ **Hazardous Waste Transfer Facility**: Storage Volume _____

☐ **Initial notification**

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

☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]

☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]

☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]

☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]

☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**

☐ **Annual update notification**

EPA ID No. FLD980711071

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

- [X] 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
- [X] 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
- [X] 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)]
- [X] 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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	[X]	[X]	[ ]	10,000
b. Pesticides	[ ]	[ ]	[ ]	
c. Pharmaceuticals	[X]	[X]	[ ]	30,000
d. Mercury Containing Devices	[X]	[X]	[ ]	10,000
e. Mercury Containing Lamps	[X]	[X]	[ ]	10,000

(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 [X]
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):
- [X] **a.** Transporter
- [X] **b.** Transfer Facility

(2) [ ] **Collection Center**
(3) [ ] **Used Oil Processor** (A permit is required for this activity.)
(4) [ ] **Off-Specification Used Oil Burner**
(5) [X] **Used Oil Fuel Marketer**
(6) Used Oil Filter
- [X] **a.** Transporter
- [X] **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.
[X] 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 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.

Signature of Authorized Person

Kurt Fogleman
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
- [X] The site (facility) address

	EPA ID No. FLD980711071

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 D012	13 D013	14 D014
15 D015	16 D016	17 D017	18 D018	19 D019	20 D020	21 D021
22 D022	23 D023	24 D024	25 D025	26 D026	27 D027	28 D028

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)
	Environmental Health & Safety Manager	02/08/2010

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

Kurt Fogleman	(352) 395-1356	kfogleman@perma-fix.com
(Name of person completing this form)	(Phone Number)	(E-mail Address)

13. Comments:
See Attachment II.A.4.1 from facility Part B permit for list of additional waste codes handled at the facility (Enclosure 1).

Enclosure 5

Universal Waste Lamp and Device Transporter and Transfer Facility Information Checklist

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

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.

Perma-Fix of Florida (Facility Name) — FLD980711071 (EPA id)

1940 NW 67th Place (Street Address) — Gainesville (City) — FL (State) — 32653 (Zip)

(352) 373-6066 (Phone) — (352) 372-8963 (Fax) — kfogleman@perma-fix.com (E-mail)

Section 1: For all transporters and transfer facilities (in-state and out-of-state). Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year. 39,496
   Types: Fluorescent ☒ HID ☒
2. Estimated number of DEVICES handled during the last calendar year. 50
   Types: Thermostats ☒ Electric Switches/Relays ☒
   Thermometers ☒ Manometers ☐ Other ☐ _____
3. Estimated weight of DEVICES handled during the last calendar year. 150 lb.
4. Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
39,496	☒	☐	AERC	West Melbourne	FL	(321) 952-1516
50	☐	☒	AERC	West Melbourne	FL	(321) 952-1516
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				

Kurt Fogleman — Print Name of Authorized Agent

Signature of Authorized Agent

02/03/2010 — Date

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

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes ☐ No ☐

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously ☐ Submitted in What Year? _____

Print Name of Authorized Agent	Signature of Authorized Agent	Date

Complete, sign and return this checklist along with your registration form to:

EPA ID Notification Coordinator
Hazardous Waste Regulation Section MS 4560
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChkl.doc