



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, EHS Manager
Perma-Fix Of Florida 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 Florida Inc located at **1940 NW 67th Pl, Gainesville.**

FLD980711071

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

**Treater/Storer, HW Transporter, Large Quantity Generator, HW Burner/Blender
Used Oil Marketer, Used Oil on-Spec Marketer, Oil Filters, Used Oil Transporter &
Transfer Facility
, Universal Pharmaceutical Transporter
Large Quantity Handler of and Destination for Universal Batteries, Universal Battery
Transporter, Universal Lamps, Universal Lamp Transporter, Universal Devices, Univ**

**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,

for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 50775 , Email Address: kfogleman@perma-fix.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980711071



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 Label 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,

A handwritten signature in black ink, appearing to read "Kurt Fogleman".

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

F	L	D	9	8	0	7	1	1	0	7	1
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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.

5	9	3	2	4	1	8	8	8
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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:

2	9
---	---

4	3
---	---

0	0
---	---

 Longitude:

8	2
---	---

2	0
---	---

5	8
---	---

 Method:
dd mm ss.ssss dd mm ss.ssss Datum:

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

A.

562211

B.

C.

D.

6. Facility 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

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, 12th Floor, New York, NY 10038Contact Thomas Orabona

Telephone _____

Policy Number EG 311-28-95Expiration date 09/01/2010d. **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):

- ☒ 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 type="checkbox"/>	10,000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30,000
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000

(3) Mercury Recovery and/or Reclamation Facility☐

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

[Chapter 62-737, 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):**

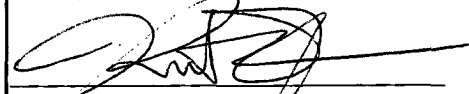
- ☒ a. Transporter
- ☒ b. Transfer Facility

(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

(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

Kurt Fogleman

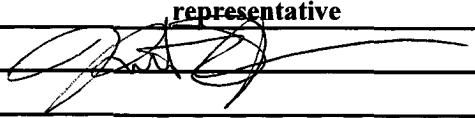
Print Name of Authorized Person

(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 applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(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

	EPA ID No. FLD980711071					
D. Other State Regulated Waste Activities: <input type="checkbox"/> 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 <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste <input type="checkbox"/> (2) Waste generated by business has been delisted. <input type="checkbox"/> (3) Other (explain) _____						
B. Facility Closed <input type="checkbox"/> (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. <input type="checkbox"/> (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 _____						
<input type="checkbox"/> C. Property Tax Default			<input type="checkbox"/> 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 Environmental Health & Safety Manager			Date Signed (mm-dd-yyyy) 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 (Name of person completing this form)		(352) 395-1356 (Phone Number)		kfogleman@perma-fix.com (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).						