



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

03/18/2010

John Lennon, General Manager
Perma Fix of Ft Lauderdale Inc
3701 SW 47th Ave #109
Davie, FL 33314-2830

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 Ft Lauderdale Inc located at **3670 SW 47th Ave #109, Davie.**

FLD981018773

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

**HW Transporter, HW Transfer Facility, Conditionally Exempt SQG
Used Oil Marketer, Used Oil Receiver, Used Oil Processor, Petroleum Contact
Wastewater Management, Used Oil Transporter & Transfer Facility Small Quantity
Handler, Universal Battery Transporter, Universal Lamp Transporter, Universal Device
Transporter**

**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: 50649 , Email Address: jlennon@perma-fix.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD981018773



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 1 0 1 8 7 7 3**

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 Ft. Lauderdale, Inc. **FEID No.** **5 9 2 4 8 0 3 7 7**

3. Facility Operator (List additional Operators in the comments section). **Name of Operator:** Perma-Fix of Ft. Lauderdale, Inc. **New Operator**
Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box: 3670 SW 47 Ave. **Phone Number:** 954-583-3795

City or Town: Davie **State:** FL **Zip Code:** 33314

Operator Type: Private Federal Municipal State Other _____

4. Facility Physical Location Information **Physical Street Address:** same

City or Town: same **State:** FL **Zip Code:** same

County: Broward **If available, please attach a map or sketch of the facility boundaries.**

Latitude: 28° 04' 34" **Longitude:** 80° 12' 37" **Method:** google maps
d d m m s s . ssss d d m m s s . ssss **Datum:** google maps

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:** 3701 SW 47 Ave. #109

City or Town: Davie **State:** FL **Zip Code:** 33314

7. Facility or Business Contact Person **First Name:** John **Last Name:** Lennon **Title:** General Manager

Phone Number: 954-583-3795 **Extension:** _____ **E-Mail:** jlennon@perma-fix.com

Street or P.O. Box: 3701 SW 47 Ave., #109

City or Town: Davie **State:** FL **Zip Code:** 33314

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:** same **New Owner**
Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box: _____ **Phone Number:** _____

City or Town: _____ **State:** _____ **Zip Code:** _____

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 _____ see attached certificate of insurance

Address _____

Contact _____

Telephone _____

Policy Number _____

Expiration date _____

d. **Transportation Mode** Air Rail Highway Water Other - specify _____**e. Hazardous Waste Transfer Facility:**Storage Volume 300 DRUMS **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.

FLD981018773

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<5000 kg
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<5000 kg
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<5000 kg

(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

John Lenkon, Jr.
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

EPA ID No.

FLD981018773

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	D008	4	D018	5	F001	6	F002	7	F003
8	F005	9	D035	10	D007	11	D003	12	D006	13	D039	14	D011
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

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)

John Lennon, Jr.

02/23/2010

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

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:



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 Ft. Lauderdale, Fla. 3701 SW 47 Ave. #109 Davie, FL 33314
Facility Name Street Address City and State

954-583-3795 954-583-8017 jlemon@perma-fix.com
Phone Fax 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. 123,054
Types: Fluorescent HID

2. Estimated number of DEVICES handled during the last calendar year. 100
Types: Thermostats Electric Switches/Relays
Thermometers Manometers Other

3. Estimated weight of DEVICES handled during the last calendar year. 320 lb.

4. Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

L D Facility Name AERC Melbourne, FL Phone 321-952-1516

L D Facility Name AERC Melbourne, FL Phone 321-952-1516

Number L D Facility Name John Lennon, Jr. City/State Phone
Print Name of Authorized Agent Signature of Authorized Agent Date 2/23/10

"More Protection, Less

www.dep.state.fl.us

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? _____

John Lennon Jr.
Print Name of Authorized Agent

[Signature]
Signature of Authorized Agent

2/23/10
Date

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

Laurie Tenace, MS 4555
Hazardous Waste Management Section
Florida 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.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/09

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 Ft. Lauderdale, Inc.
3701 SW 47th Avenue
Suite 109
Davie, FL 33314

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American Intl Specialty Lines Ins Co	26883
INSURER B: COMMERCE & INDUSTRY INS CO	19410
INSURER C:	
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"/> PROJECT <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 checked="" 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 STATUTORY LIMITS	OTHER
	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

CERTIFICATE HOLDER

For Info. Only

*Perma-Fix of Ft. Lauderdale, Inc.
Attn: Kathryn Thibert

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 30 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

Louis A. ...

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.

IMAGE QUALITY

AS YOU VIEW THE NEXT PAGE(S), PLEASE
NOTE THAT THE ORIGINAL DOCUMENT
WAS OF POOR QUALITY

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
08/29/09

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

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 981018773	Perma-Fix of Ft. Lauderdale, Inc.	3670 SW 47 th Ave. Davie, FL 33314

(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)

STATE OF FLORIDA
HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE
(Primary Policy)

1. American International Specialty Lines Insurance Co. (the "Insurer"),
Name of Insurer
of 175 Water Street, 12th Fl. New York, NY 10038
Address of Insurer

hereby certifies that it has issued liability insurance covering bodily injury and property damage to
Perma-Fix Environmental Services, Inc. (the "Insured"), of

Name of Insured
8302 Dunwoody Place, Suite 250 Atlanta, GA 30350
Address of Insured

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147, as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.). The coverage applies at

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Address</u>
FLD 981018773	Perma-Fix of Ft. Lauderdale, Inc.	3670 SW 47th Ave. Davie, FL 33314

for:

- sudden accidental occurrences
 nonsudden accidental occurrences
 sudden and nonsudden accidental occurrences

If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facility(ies) are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.

The limits of liability are \$ 4,000,000 each occurrence and \$ 8,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number EG 3112895, issued on 9/1/09 Date. The effective date of said policy is 9/1/09 Date.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- 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. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f), as adopted by reference in Section 62-730.180, F.A.C.
- Whenever requested by the Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Secretary of the FDEP.

(e) 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.

I hereby certify that the wording of this instrument is substantially identical to the wording specified in 40 CFR 264.151(j), as adopted by reference in Section 62-730.180, F.A.C., as such regulation was constituted on the date first above written, and 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 or more States including Florida.


Signature of Authorized Representative of Insurer

Thomas Orabona

Type name

Vice President - Environmental Casualty Division

Title

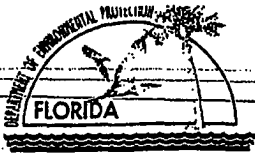
Authorized Representative of

American International Specialty Lines Ins. Co.

Name of Insurer

100 Connell Drive, Berkeley Heights, NJ 07922

Address of Representative



Department of Environmental Protection

FDEP MS.4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #92-710.801(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. American Int'l Specialty Lines Ins. (the Insurer), 175 Water Street, New York, NY 10038
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Perma-Fix of Ft. Lauderdale, Inc. (the Insured),
(Name of the Insured)

3670 S.W. 47th Avenue, Davie, FL 33314 whose EPA Identification number is FLD 981 018 773
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$4mm Occ/\$8mm Agg less the deductible or
retention of \$ 10,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number EG 3111895 issued on 9/1/09
(Date)

The expiration date of said policy is 9/1/10 or the annual renewal date is 9/1/10
(Date) (Date)

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 this 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 or by any other termination of the insurance (e.g.
expiration or 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 judgment or judgments 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 judgments 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 or more States, including Florida.

(Signature of Insurer or Authorized Representative)

Thomas Orabona
(Type Name)

Authorized Representative of
American Int'l Specialty Lines Ins. Co.
(Name of Insurer)

Vice President -- Environmental Casualty 100 Connell Drive, Berkeley Heights, NJ 07922
(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4580, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: scbrena.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us