



## 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

June 22, 2010

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

### BE IT KNOWN THAT

Perma Fix of Ft Lauderdale Inc  
3670 SW 47th Ave #109  
Davie, FL 33314

### IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Processor, Marketer, Filter Transporter,  
Filter Transfer Facility, Filter Processor

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **FLD981018773** on June 22, 2010  
Insurance Carrier: **AMERICAN INTL SPECIALTY**

**This registration will expire on 06/30/2011**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

**Aprilia Graves**  
**Engineering Specialist IV**  
**Hazardous Waste Regulation Permitting**



# 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:

**2 8**

**0 4**

**3 4**

Longitude:

**8 0**

**1 2**

**3 7**

Method:

dd mm ss .ssss

dd mm ss .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**☐

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):**

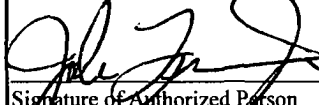
- ☒ a. Transporter
- ☒ b. Transfer Facility

**(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

**(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 Lenken, Jr.

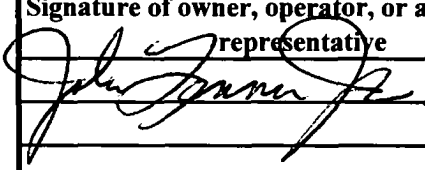
Print Name of Authorized Person

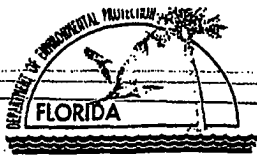
**(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of 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

<b>EPA ID No.</b>				<b>FLD981018773</b>			
<b>D. Other State Regulated Waste Activities:</b> <input checked="checked" type="checkbox"/> <b>Petroleum Contact Water (PCW) Handler</b> [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.							
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> 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	
<b>11. Other Status Changes (Mark 'X' in all that apply):</b>							
<b>A. Non-Handler of Regulated Waste at This Facility</b> <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>B. Facility Closed</b> <input type="checkbox"/> (1) Closed at this location and <b>moved or moving</b> 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"/> <b>C. Property Tax Default</b>				<input type="checkbox"/> <b>D. Petition for Bankruptcy Protection</b>			
<b>12. Certification:</b> 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.							
<b>Signature of owner, operator, or an authorized representative</b> 				<b>Print Name and Title</b> John Lennon, Jr.		<b>Date Signed (mm-dd-yyyy)</b> 02/23/2010	
<b>If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:</b>							
(Name of person completing this form) _____				(Phone Number) _____		(E-mail Address) _____	
<b>13. Comments:</b>   							



# Department of Environmental Protection

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

DEP Form #92-710.601(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

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.

Thomas Orabona  
(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  
(Title) (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](mailto:scbrena.bolton@dep.state.fl.us), OR Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us)

# 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 &amp; 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	EG3112895	09/01/09	09/01/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA3112897	09/01/09	09/01/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	EGU3112896	09/01/09	09/01/10	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC4883911 (AOS) WC4883910 (CA)	09/01/09 09/01/09	09/01/10 09/01/10	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER 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





## **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  
08/29/09

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**

February 26, 2010

FDEP MS4560  
2600 Blair Stone Rd.  
Tallahassee, Fla. 32399-2400

Dear Coordinator:

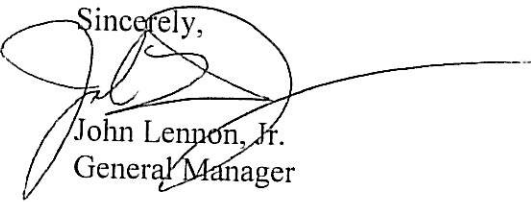
Here are the estimates for PCW Recovery for the calendar year 2009:

Total Inbound PCW: 119,287 gals.  
Recovered Product: 14,314 gals.

Percent of Recovery: 12%

Feel free to call me if you have any questions.

Sincerely,



John Lennon, Jr.  
General Manager



Department of Environmental Protection  
FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2005

2009

Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])  
for reporting period January 1, 2009 through December 31, 2009

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: PERMA-FIX OF FT. LAUDERDALE, INC 2. Telephone No. (954) 583-3795  
Site Address: 3670 SW 47 Ave.  
DAVIE, FLA. 33314 3. EPA ID No. FLD 981 018 773

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) John Lennon, Jr.  
Title General Mgr. Phone number (if different from #2, above) ( ) same

5. Type of operation (check as many as apply to your operations)  
Used Oil: ☒ Transporter ☒ Transfer Facility ☒ Collection Center/Aggregation Point ☒ Processor ☒ Marketer  
o Burner (of off-specification used oil)  
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☒ Processor o End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

	Automotive	Industrial	Mixed	Total
a. In Florida.....	2,388,042	3,214,642		5,602,684
b. From out of state.....	40,585			40,585
c. Beginning Inventory.....				218,770
d. Total (sum of totals from Lines a + b + c).....				5,862,039

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel .....

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
58,224	93,625
1,976,274	278,551
354,568	
2,939,335	
5,328,401	351,816
181,822	

**SECTION C USED OIL FILTERS (OPTIONAL)** (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE

1. Number of filters on hand from previous year.....	97,200	
2. Number of used oil filters collected.....	786,900	
3. Total number of used oil filters to manage (1 plus 2).....	884,100	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....		
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....	868,200	
d. TOTAL.....		
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	15,900	
6. Gallons of used oil collected as a result of filter processing.....	0	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	0	
8. Volume of oily waste collected and managed as a result of filter processing.....	0	
9. Description of oily waste management..... <u>N/A</u>	0	

**DIRECTIONS FOR SECTION C**

Conversion Table

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One ton of drained used oil filters = approximately <b>2,350</b> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us).



## Public Used Oil Collection Center Notification and Annual Report

### 1. Notification

To qualify for the protection from liability provided under state law, each Public Used Oil Collection Center must notify the Florida Department of Environmental Protection no later than 30 days after first accepting used oil from the public. Also required is the submission of an annual report estimating the quantity of used oil accepted from the public at the center for the previous calendar year. This report will help the state evaluate the effectiveness of this effort to encourage the public to recycle its used oil.

### 2. Collection Center Name and Street Address (if different from the mailing address above)

Name PERMA-FIX OF Ft. LAUDERDALE, INC.  
Street Address 3670 SW 47 Ave.  
City DAVIE County BROWARD Zip Code 33314  
Telephone No. (954) 583-3795 Operator's Name John Lennon, Jr.

### 3. Annual Report

Amount of used oil collected/estimated from the public during the previous calendar year (2008) 0 Gallons

### 4. Certification

To the best of my knowledge and belief, I certify the information provided in this application is true, accurate and correct.

John Lennon, Jr.  
(Name of Authorized Applicant (print or type))

[Signature]  
(Signature of Authorized Applicant)

JLENNON@PERMA-FIX.COM  
E-mail address of Authorized Applicant

Please submit this form to:

Used Oil Coordinator, MS 4560  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400