

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA\_ID FLD 980711071 Site Name Perma-Fix of FL, Inc New Site Contact? Ken Shoemaker Phone: 352-395-1356

	form	rcv pages	Submission		Quality Control		QC error pages		Data Entry		Transfer	
			Paper	Disk	initial	date			initial	date	Initial	Date
Receipt and Data Entry	SI	3	X	X	AM	4/7					AL	4/30
	GM			X								
	WR											
	OI			X				NO OI				
	form	page	sub pg	Action Item	QC init	date	Site Contact	date	Corrective Action	data entry initial	date	DE Comment
Data entry or Basic edit errors	WR	ALL		Mgmt code	AL	4/7	Ken Shoemaker	4/7	Re-Sub			w/llc send
	OI	"		missing								4/20
								4/8				
								4/26	Re-Sub			SOME BODIES
					Re-Sub	AL	4/30	IRXD	4/30			
										TL	10/22	
Advanced Edit Errors												

DATA ENTRY/FILING ASSIGNMENT:

01C/17680

<b>MAIL THE COMPLETED FORM TO:</b> The Appropriate EPA Regional or State Office	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)</b>  CHECK CORRECT BOX(ES)	<b>A. Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
<b>2. Site EPA ID Number (see instructions on page 11)</b>	EPA ID Number: FLD980711071		
<b>3. Site Name (see instructions on page 11)</b>	Legal Name: PERMA-FIX OF FLORIDA, INC.		
<b>4. Site Location Information (see instructions on page 11)</b>	Street Address: 1940 NW 67TH PLACE		
	City, Town, or Village: GAINESVILLE	State: FL	
	County Name: ALACHUA	Zip Code: 32653- -	
<b>5. Site Land Type (see instructions on page 11)</b>	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)</b>	A. 562211	B.	
	C.	D.	
<b>7. Site Mailing Address (see instructions on page 12)</b>	Street or P.O. Box: 1940 NW 67TH PLACE		
	City, Town, or Village: GAINESVILLE		State: FL
	Country: UNITED STATES	Zip Code: 32653- -	
<b>8. Site Contact Person (see instructions on page 12)</b>	First Name: KEN	MI:	Last Name: SHOEMAKE
	Phone Number: (352) 395-1356 Extension:		Email: KSHOEMAKE@PERMA-FIX.COM
<b>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</b>	<b>A. Name of Site's Operator:</b> PERMA-FIX OF FLORIDA, INC.		<b>Date Became Operator (mm/dd/yyyy):</b> 01/01/1994
	<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>B. Name of Site's Legal Owner:</b> PERMA-FIX OF FLORIDA		<b>Date Became Owner (mm/dd/yyyy):</b> 01/10/1994
	<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>Street or P.O. Box:</b> 1940 NW67TH PLACE		
	<b>City, Town, or Village:</b> GAINESVILLE		
	<b>State:</b> FL	<b>Zip Code:</b> 32653- -	<b>Country:</b> UNITED STATES

RECEIVED

APR 03 2006

HAZARDOUS WASTE

**10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

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

For Items 2 through 6, check all that apply:

- Y  2. Transporter of Hazardous Waste
- Y  3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- Y  4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
  - N  a. Small Quantity On-site Burner Exemption
  - N  b. Smelting, Melting, Refining Furnace Exemption
- N  6. Underground Injection Control

**B. Universal Waste Activities**

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply)

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste  Y

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- Y  a. Transporter
- Y  b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- N  a. Processor
- N  b. Re-refiner

N  3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- N  a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- N  b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (see instructions on page 16)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D012	D013	D014
D015	D016	D017	D018	D019	D020	D021
D022	D023	D024	D025	D026	D027	D028
D029	D030	D031	D032	D033	D034	D035
D036	D037	D038	D039	D040	D041	D042
D043	F001	F002	F003	F004	F005	F022

RECEIVED

APR 06 2001

HAZARDOUS WASTE

EPA ID No. FLD980711071


**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes


12. Comments (see instructions on page 17)


P042 P081 U002 U003 U004 U010 U012 U019 U031 U035 U037 U044 U052 U056 U057 U058 U068  
 U070 U077 U080 U083 U089 U108 U112 U117 U122 U150 U154 U159 U161 U187 U188 U196 U200  
 U201 U202 U206 U213 U220 U226 U228 U237 U238 U239 U359

**KSHOEMAKE@PERMA-FIX.COM**

**13. 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 Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, 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 (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	KEN SHOEMAKE EHS MANAGER	3/29/04

RECEIVED

APR 11

HAZARDOUS WASTE  
HAZARDOUS WASTE



April 5, 2004

Mr Jack Griffith  
Florida Department of Environmental Protection  
Hazardous Waste Management Section, MS4555  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Dear Mr Griffith:

Please find enclosed our 2003 Biennial Report information. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "K Shoemake". The signature is fluid and cursive, with the first letter "K" being particularly large and prominent.

Ken Shoemake  
Environmental Health and Safety Manager  
Perma-Fix of Florida  
1-352-395-1356  
kshoemake@perma-fix.com

RECEIVED

APR 06 2004

HAZARDOUS WASTE



April 7, 2004

Mr Jack Griffith  
Florida Department of Environmental Protection  
Hazardous Waste Management Section, MS4555  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Dear Mr Griffith:

Please find enclosed our 2003 Biennial Report information. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be the name 'Ken Shoemake'. The signature is stylized with a large, prominent 'K' and a few trailing strokes.

Ken Shoemake  
Environmental Health and Safety Manager  
Perma-Fix of Florida  
1-352-395-1356  
kshoemake@perma-fix.com

RECEIVED  
APR 07 2004  
HAZARDOUS WASTE

•