



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

09/02/2010

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

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. 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 , FL32653-1649**

FLD980711071

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator; and Destination for, Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Lamps, Universal Waste Devices, Universal Pharmaceuticals, Importer, Universal Pharmaceutical Transporter, Large Quantity Handler, HW Burner/Blender; Used Oil on-Spec Marketer.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp SQH, UW Device SQH (reg exp on 03/01/11); HW Transporter (reg exp on 09/01/11) ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Marketer, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/11).**

Your facility is **currently permitted** as: **Operating Commercial TSD (exp on 06/08/10).**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

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

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

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



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
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 d d m m s s . ssss

Longitude:

8	2	2	0	5	8
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Method:
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 InformationInsurance Company Chartis Specialty Insurance CompanyAddress 175 Water Street, New York, NY 10038Contact Kerma Parrett Telephone (404) 531-5476Policy Number EG 311-28-95 Expiration date 09/01/2011

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

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

☐ **Initial notification**

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

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**☐ **Annual update notification**

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 ☐ [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

Kurt Fogleman

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
☒ The site (facility) address

EPA ID No.

FLD980711071

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	D001	2	D002	3	D003	4	D004	5	D005	6	D006	7	D007
8	D008	9	D009	10	D010	11	D011	12	D012	13	D013	14	D014
15	D015	16	D016	17	D017	18	D018	19	D019	20	D020	21	D021
22	D022	23	D023	24	D024	25	D025	26	D026	27	D027	28	D028

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)

Environmental Health & Safety Manager

08/31/2010

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:

See attached list of additional waste codes handled at the facility. This updated submittal includes current policy information for the Hazardous Waste Transporter section. An updated certificate of liability insurance is included.

ATTACHMENT II.A.4.1**List of Waste Codes Accepted at the Facility**

D001	D037	P021	P063	P106	U002	U038	U076	U113	U149	U185	U225
D002	D038	P022	P064	P108	U003	U039	U077	U114	U150	U186	U226
D003	D039	P023	P065	P109	U004	U041	U078	U115	U151	U187	U227
D004	D040	P024	P066	P110	U005	U042	U079	U116	U152	U188	U228
D005	D041	P026	P067	P111	U006	U043	U080	U117	U153	U189	U234
D006	D042	P027	P068	P112	U007	U044	U081	U118	U154	U190	U235
D007	D043	P028	P069	P113	U008	U045	U082	U119	U155	U191	U236
D008	F001	P029	P070	P114	U009	U046	U083	U120	U156	U192	U237
D009	F002	P030	P071	P115	U010	U047	U084	U121	U157	U193	U238
D010	F003	P031	P072	P116	U011	U048	U085	U122	U158	U194	U239
D011	F004	P033	P073	P118	U012	U049	U086	U123	U159	U196	U240
D012	F005	P034	P074	P119	U014	U050	U087	U124	U160	U197	U243
D013	F006	P036	P075	P120	U015	U051	U088	U125	U161	U200	U244
D014	F007	P037	P077	P121	U016	U052	U089	U126	U162	U201	U246
D015	F008	P038	P078	P122	U017	U053	U090	U127	U163	U202	U247
D016	F009	P039	P081	P123	U018	U055	U091	U128	U164	U203	U248
D017	F039	P040	P082	P127	U019	U056	U092	U129	U165	U204	U249
D018	P001	P041	P084	P128	U020	U057	U093	U130	U166	U205	U271
D019	P002	P042	P085	P185	U021	U058	U094	U131	U167	U206	U278
D020	P003	P043	P087	P188	U022	U059	U095	U132	U168	U207	U279
D021	P004	P044	P088	P189	U023	U060	U096	U133	U169	U208	U280
D022	P005	P045	P089	P190	U024	U061	U097	U134	U170	U209	U328
D023	P006	P046	P092	P191	U025	U062	U098	U135	U171	U210	U353
D024	P007	P047	P093	P192	U026	U063	U099	U136	U172	U211	U359
D025	P008	P048	P094	P194	U027	U064	U101	U137	U173	U213	U364
D026	P009	P049	P095	P196	U028	U066	U102	U138	U174	U214	U367
D027	P010	P050	P096	P197	U029	U067	U103	U140	U176	U215	U372
D028	P011	P051	P097	P198	U030	U068	U105	U141	U177	U216	U373
D029	P012	P054	P098	P199	U031	U069	U106	U142	U178	U217	U387
D030	P013	P056	P099	P201	U032	U070	U107	U143	U179	U218	U389
D031	P014	P057	P101	P202	U033	U071	U108	U144	U180	U219	U394
D032	P015	P058	P102	P203	U034	U072	U109	U145	U181	U220	U404
D033	P016	P059	P103	P204	U035	U073	U110	U146	U182	U221	U409
D034	P017	P060	P104	P205	U036	U074	U111	U147	U183	U222	U410
D035	P018	P062	P105	U001	U037	U075	U112	U148	U184	U223	U411
D036	P020										