



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

09/17/2012

Kurt Fogleman, Environmental Health & Safety 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; Small Quantity Handler, Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Lamps, Universal Waste Devices, LQH Pharmaceuticals, Importer, Universal Pharmaceutical Transporter, 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 03/01/13); HW Transporter (reg exp on 09/01/12); ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Marketer, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2013).**

Your facility is **currently permitted/active** as: **Operating Commercial TSD.**

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) 245-8760

Date Received
(for DEP Official Use Only)

MAR 30 2012

EPA ID FLD980711071

BSHW

1. Reason for
Submittal

- ☐ 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 site identification information).
☒ As a component of the Hazardous Waste Report. ☐ Is this the final notification (see instructions) for the facility?

2. Facility or
Business Name

PERMA-FIX OF FLORIDA, INC.

FEID No.

59-3241888

3. Facility Operator
(List additional
Operators in the
comments section).

A. Name of Operator:

RAYMOND WHITTLE

☐ New Operator

Date Became Operator : 01/01/2006
mm dd yy

Street or P.O. Box:

1940 N.W. 67TH PLACE

Phone Number:

(352) 395-1353

City or Town: GAINESVIL

State: FL Zip Code: 32653-

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical
Location
Information

Physical Street Address: 1940 N.W. 67TH PLACE

City or Town: GAINESVILLE

State: FL Zip Code: 32653-

County: ALACHUA

If available, please attach a map or sketch of the facility
boundaries.

Latitude: 0 0 0.0000
dd mm ss.ssss

Longitude: 0 0 0.0000
dd mm ss.ssss

Method:
Datum:

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

A. 562211

B.

C.

D.

6. Facility Mailing
Address

Street or P.O. Box: 1940 N.W. 67TH PLACE

City or Town: GAINESVILLE

State: FL Zip Code: 32653-

7. Facility Contact
Person

First Name:

KURT

Last Name:

FOGLEMAN

Title:

Phone Number: (352) 395-1356 Extension: 1356

Email: KFOGLEMAN@PERMA-FIX.COM

Street or P.O. Box: N.W. 67TH PLACE

City or Town: GAINESVILLE

State: FL Zip Code: 32653-

8. Real Property
Owner of the
Facility's
Physical Location

Name of Real Property Owner:

PERMA-FIX OF FLORIDA, INC.

☐ New Owner

Date Became Owner : 01/01/1994
mm dd yy

Street or P.O. Box:

1940 N.W. 67TH PLACE

Phone Number:

(352) 373-6066

City or Town: GAINESVIL

State: FL Zip Code: 32653-

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other US

9. Type of Regulated Waste Activity Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice.**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 nonacute 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/or 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 - Check 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 CHARTIS SPECIALTY INSURANCE COAddress 175 WATER STREET
NEW YORK

NY 10038

Contact: KERMA PARRETTTelephone: 4045315476Policy Number: EG 311-28-95Expiration date: 09/01/2012d. Transportation Mode: ☐ Air; ☐ Rail; ☒ Highway; ☐ Water; ☐ Other - specify _____**e. Hazardous Waste Transfer Facility:**Storage Volume 0.00☐ **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	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"/>	10000.00
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30000.00
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10000.00
e. Mercury Containng Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10000.00

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☒ Pharmaceuticals ☒ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - Indicate type(s) of activity(ies)**

- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Used Oil 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

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.

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

☐ **11. Other Status Changes (Mark 'X' in the appropriate boxes):****A. Non-Handler of Regulated Waste at this facility**

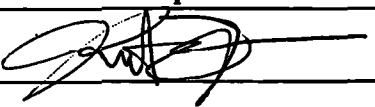
- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
- ☐ 2. Waste generated by business has been delisted.
- ☐ 3. Other (explain) _____.

B. Facility Closed

- ☐ 1. Closed at this location and moved or moving to another - submit a new 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	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	KURT A FOGLEMAN EH&S MANAGER	02/28/2012

Contact: Kurt Fogleman

(352)395-1356

kfogleman@perma-fix.com

13. CommentsLand Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐

D029 D030 D031 D032 D033 D034 D035 D036 D037 D038 D039 D040
D041 D042 D043 F001 F002 F003 F004 F005 F006
F007 F008 F009 F010 F011 F019 F020 F021 F022 F023 F026 F027 F028 F032 F034 F035 F037 F038 F039 K001 K048 K049
K050 K051 K052 K061 K062 K086 K156 K157 K158 K159 K161 K169 K170 K171 K172 P001 P002 P003 P004 P005 P006 P007 P008
P009 P010 P011 P012 P013 P014 P015 P016 P017 P018 P020 P021 P022 P023 P024 P026 P027 P028 P029 P030 P031 P033 P034
P036 P037 P038 P039 P040 P041 P042 P043 P044 P045 P046 P047 P048 P049 P050 P051 P054 P056 P057 P058 P059 P060 P062
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P119 P120 P121 P122 P123 P127 P128 P185 P188 P189 P190 P191 P192 P194 P196 P197 P198 P199 P201 P202 P203 P204 P205