



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

03/13/2013

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

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **1940 NW 67th Pl, Gainesville, FL 32653-1649** has been registered through **March 1, 2014** with the following status:

Facility ID # **FLD980711071**

Transporter of Universal Waste Lamps and Devices

Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2014** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Waste Reduction Section

Enclosures

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772Date Received
(for FDEP Official Use Only)EPA ID **F L D 9 8 0 7 1 1 0 7 1**

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****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** Longitude: **8 2 2 0 5 8** Method:
dd mm ss.ssss dd mm ss.ssss 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:**

For Items 2 through 7, mark 'X' in all that apply.

(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

(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 Chartis Specialty Insurance CompanyAddress 175 Water Street, New York, NY 10038Contact Kerma ParrettTelephone (404) 531-5476Policy Number EG 311-28-95Expiration date 9/1/2013d. 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 ☐ 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) ☐ 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

Kurt Fogleman

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

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

Environmental Health & Safety Manager

Date Signed (mm-dd-yyyy)

02/25/2013

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

Kurt Fogleman

(352) 395-1356

kfogleman@perma-fix.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

See Attachment II.A.4.1 from facility Part B permit for list of additional waste codes handled at the facility.

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

D001	D037	K050	P021	P063	P106	U002	U038	U076	U113	U149	U185	U225
D002	D038	K051	P022	P064	P108	U003	U039	U077	U114	U150	U186	U226
D003	D039	K052	P023	P065	P109	U004	U041	U078	U115	U151	U187	U227
D004	D040	K061	P024	P066	P110	U005	U042	U079	U116	U152	U188	U228
D005	D041	K062	P026	P067	P111	U006	U043	U080	U117	U153	U189	U234
D006	D042	K086	P027	P068	P112	U007	U044	U081	U118	U154	U190	U235
D007	D043	K156	P028	P069	P113	U008	U045	U082	U119	U155	U191	U236
D008	F001	K157	P029	P070	P114	U009	U046	U083	U120	U156	U192	U237
D009	F002	K158	P030	P071	P115	U010	U047	U084	U121	U157	U193	U238
D010	F003	K159	P031	P072	P116	U011	U048	U085	U122	U158	U194	U239
D011	F004	K161	P033	P073	P118	U012	U049	U086	U123	U159	U196	U240
D012	F005	K169	P034	P074	P119	U014	U050	U087	U124	U160	U197	U243
D013	F006	K170	P036	P075	P120	U015	U051	U088	U125	U161	U200	U244
D014	F007	K171	P037	P077	P121	U016	U052	U089	U126	U162	U201	U246
D015	F008	K172	P038	P078	P122	U017	U053	U090	U127	U163	U202	U247
D016	F009		P039	P081	P123	U018	U055	U091	U128	U164	U203	U248
D017	F010		P040	P082	P127	U019	U056	U092	U129	U165	U204	U249
D018	F011	P001	P041	P084	P128	U020	U057	U093	U130	U166	U205	U271
D019	F012	P002	P042	P085	P185	U021	U058	U094	U131	U167	U206	U278
D020	F019	P003	P043	P087	P188	U022	U059	U095	U132	U168	U207	U279
D021	F020	P004	P044	P088	P189	U023	U060	U096	U133	U169	U208	U280
D022	F021	P005	P045	P089	P190	U024	U061	U097	U134	U170	U209	U328
D023	F022	P006	P046	P092	P191	U025	U062	U098	U135	U171	U210	U353
D024	F023	P007	P047	P093	P192	U026	U063	U099	U136	U172	U211	U359
D025	F026	P008	P048	P094	P194	U027	U064	U101	U137	U173	U213	U364
D026	F027	P009	P049	P095	P196	U028	U066	U102	U138	U174	U214	U367
D027	F028	P010	P050	P096	P197	U029	U067	U103	U140	U176	U215	U372
D028	F032	P011	P051	P097	P198	U030	U068	U105	U141	U177	U216	U373
D029	F034	P012	P054	P098	P199	U031	U069	U106	U142	U178	U217	U387
D030	F035	P013	P056	P099	P201	U032	U070	U107	U143	U179	U218	U389
D031	F037	P014	P057	P101	P202	U033	U071	U108	U144	U180	U219	U394
D032	F038	P015	P058	P102	P203	U034	U072	U109	U145	U181	U220	U395
D033	F039	P016	P059	P103	P204	U035	U073	U110	U146	U182	U221	U404
D034	K001	P017	P060	P104	P205	U036	U074	U111	U147	U183	U222	U409
D035	K048	P018	P062	P105	U001	U037	U075	U112	U148	U184	U223	U410
D036	K049	P020										U411



Florida Department of Environmental Protection

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2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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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.

<u>Perma-Fix of Florida</u>	<u>1940 NW 67th Place</u>	<u>Gainesville, FL 32653</u>
Facility Name	Street Address	City and State
<u>(352) 373-6066</u>	<u>(352) 372-8963</u>	<u>kfogleman@perma-fix.com</u>
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.

- Estimated number of LAMPS handled during the last calendar year. 11,482
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 300
Types: Thermostats ☐ Electric Switches/Relays ☐
 Thermometers ☐ Manometers ☐ Other ☒ Capacitors
- Estimated weight of DEVICES handled during the last calendar year. 1,383 lb.
- Estimated number of lamps or devices you shipped to a mercury recycling facility.
Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location, and contact information.

<u>11,4812</u>	<u>LEI</u>	<u>Hammond, LA</u>	<u>(800) 309-9908</u>
Number L <input checked="" type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone

<u>300</u>	<u>LEI</u>	<u>Hammond, LA</u>	<u>(800) 309-9908</u>
Number L <input type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State	Phone

<u>Number L <input type="checkbox"/> D <input type="checkbox"/></u>	<u>Facility Name</u>	<u>City/State</u>	<u>Phone</u>
<u>Kurt Fogleman</u>		<u>25 FEB 2013</u>	
Print Name of Authorized Agent	Signature of Authorized Agent	Date	

"More Protection, Less Process"

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? _____

Print Name of Authorized Agent

Signature of Authorized Agent

Date

Complete, sign and return this checklist along with your registration form 8700-12FL to:

HWRS, MS 4560
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.