

FLORIDA DEPARTMENT OF

Environmental Protection

BOB MARTINEZ CENTER 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

03/02/2015

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, 2016** with the following status:

Facility ID # **FLD980711071**

Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices at any one time)

The registration form for the year **2016** 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 Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. 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

FLORIDA

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 Date Received

(for EDEP-Official-Use Only)

RECLIFICATION

ENVIRONMENT APPROXIMENT

FEB 20 2015

EPA ID: F	L D	9		8 0	7	Į	1 1		0 7	7	1	P	lease	use	the instru	uctic	ons	docume	ent t	o com	plet	e this fo	riii 🗀)A.	
1. Reason for Submittal (all submitters must complete pages 1 and 2	the (mu	ust ch	rect choo	ct box ose on	k: ne [_	waste	te, un	nivers	salv	waste, ı	usec	ed oil a	activi	o obtain an ities, or PC	CW a	activ	vities).				ion infor	mation	1).	
and sign page 5. Pages 3 and 4, - com-	if a	-		cation)				·							(closing) fo								-		
plete as applicable)	FL	Reg	gistr	tratior	n(s)	_	□ t	J W I	Mere	cur	ıry (see	e pa	age 3)	HW	√ Tra	ansp	porter (s	see r	page 4	1)	■ Use	ed Oil	(see p	age 4)
2. Facility or Business Name		Perma-Fix of Florida, Inc.																							
3. Facility Operator (List additional Opera-	Pe	err	ma		Fix (0	f FI	lor	ida	а <u>,</u>	, Inc	<u> </u>				_						tor:	_/	_/	
(List additional Operators in the comments section).	19	940) N			h_[Plac	:е_	_	_		_		_				Phone (352	2) 3	373-6	606				
30000		y or î ines			_										State: FL			Zip Co 32653			\int_{C}	Country (if not l	JSA):	
				Гуре:			Privat	e [□Fe	ede	eral		Muni	cipa	al □Sta	ite		County		Other					
4. Facility Physical	L	Physical Street Address:									_							ŪV€	essel						
Location Information (No P.O. Boxes)	City	City or Town:								_	State:	_		Zip C	Code:										
Same address as #3 above or:	Cou	unty:	:												Country (if	not	USA	():		_					
5. Facility North A Classification Sy					try	Α.		5	16	<u>ان</u>	2 2	21	11	1	(required	d)	В.								
Code(s) (at least	-	•	11.	UD,		C.		_ _	_ _	_							D.	1	_		<u></u> _				
6. Facility or		Sam	ne a	addres	ss as	#_3	3 abo	ve o	or: St	tre	et or P.	·.O.	Box	:				_	_						
Business Mailing Address	City	City or Town: State: Z							Zij	ip/Pc	ostal Co	ode:		C	Country (i	if not U	JSA):								
7. Facility or Business	Κι	st Na urt				_		_	_		Last Name: Fogleman					Title: EH&	s S	Mar	nag						
RCRA Contact Person	`			373)6 ₍	6	_	_]	Extens	sion	1:		E-Mail: (foglema	an@	_ <u></u>)p€	erma-fi	ix.c	om		Fax: (352)	372	-8963	
	1	et or	r P	P.O. B	ox:	_	_	-	_	-	_	-	_	_					-	_					
Same address as #_3_above or:	City	y or 1	To	wn:						_		_		S	State:		J	Zip Code: Country (if not USA)):				
8. Real Property (FL Land) Owner of the Facility's	r Pe	err	m		Fix	_ ((of F	-lc	ric	- da	a, Ir	nc						Date became Owner:// New Owner mm dd yy							
Physical Location (List additional	' L			P.O. Bo	OX:									T €,				hone Nu				Countr	· (if n/	ot USA)	
owners in the comments section.)		y or T	10v	vn:						_		_		Su	ate:			Zip Coo	de:			Couna	y (11 no	it USA)	:
Same address as #_3_ above or:	Ow	ner T	Tyr	pe:	• I	Pri	ivate		Fed	era	ıl 🗆	М	iunici	pal	State	, [ĴC₁	County [J o	ther_					

RCRA Hazardous Waste Status Notification or Out of Business Notification						EPA ID	No. FLI	D98071	1071		
9. RCRA Hazardo	us Waste Ac	tivities at this Fac	cility:	(Mark 'X' i	n all tha	t apply):	·				
(A) (1)Generator of H	azardous Wast	e		For Items 2 through 7, mark 'X' in all that apply.							
Yes No (I	Do not include Uni	versal Waste or Used Oi	1)	(2) Treater, Storer, or Disposer of Hazardous Waste							
-	If YES, Choose only one of the following three categories.				(at your facility) Note: A hazardous waste permit may be required for this activity.						
Generates in greater per in hazardous v	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 (at least once a year)				□ b. Op□ c. No	on-Operatir	ommercia on-Comm ng: Postel	l TSD ercial TSD osure or Co	rrective Action		
Generates ir 100kg/mo b lbs.) of non- (2.2 lbs) or	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 (at least once a year)					Permit or Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption					
Generates in (220 lbs.) of (2.2 lbs) or	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				 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. 						
In addition, indicate other generator activities that apply. d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator					 (6) ■ Receives Hazardous Waste from Off-Site (7) □ Underground Injection Control 						
· · · · · · · · · · · · · · · · · · ·	them in the orde	Regulated Hazare r they are presented in list codes routinely or	the re	gulations (e.g., I	D001, D00	3, F007, K	.019, P01	2, U112).			
¹ D001 ² D	002	³ D003	4 D00	04	⁵ D005		⁶ D006		⁷ D007		
	009	¹⁰ D010	¹¹ D011		¹² D012	D012 13 D		3	¹⁴ D014		
¹⁵ D015	0016	¹⁷ D017	¹⁸ D(¹⁹ D019		²⁰ D02		²¹ D021		
11. Other Status C				•							
(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if all business activities at this facility have ceased.) (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will (2) Out of Business - Business closed on											
(C) Property Tax Default (D) Petition for Bankruptcy Protection											
12-14 — Registrati	on Activities	Contact Informa					on or reg	istration info	ormation update):		
Same as Facility RCR. Contact on page 1 or en	·ar·	Kurt			Fogleman Title: EH&S Manage						
Contact for:	Phone Nun	nber: (352) 395-1	356	Extension:	E-Mail:	kfogle	eman	@perr	na-fix.com		
HW Transporter Used Oil Handler	Street or P.	^{O. Box:} 1940 N\		7th Place	_						
Universal Waste City or Town: Gainesville					State:(C	ountry):	:I	Zip Code:	32653		

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD98	0711071						
12. Univers	12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):							
A. Federal Notification	Tederally Defined Dai ge Quantity Handler (DQ11) Generates/recumulates. 24000 kg (11,000 lb) of more							
	Accumulates: 🖪 a. UW Batteries 🔲 b. Pesticides 🖳 c. Pharmace	euticals						
	d. Mercury Containing Devices e. Mercury Conta	ining Lamps						
	Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a A permit is required for storage prior to recycling.	UW.						
B. Florida U	niversal Pharmaceutical Waste (UPW): one-time registration							
Pharma	ceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)						
Pharma	ceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPV	V) accumulated						
Reverse	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea	alth [DOH])						
C. Florida A	nnual Mercury Handler Registration:							
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.								
	is being submitted as a Florida Registration of Universal Waste Transporter/Handler for- time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH re							
For-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices							
For-hi	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration						
Mercu:	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required						
Mercu	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
☐ Mercu	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one- time \$1,000 fee+						
Mercu	ry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)						
	Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) st time registering Renewal	Annual Registration Required						
Perma-Fix o	of Florida is a universal lamp and device transporter and transfer facility. Volevices from customers, return them to the facility and make larger shipme							
	te Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to R	•						

Hazardous Waste and Used Oil Transporter Registratio	epa ID No. FLD980711071							
14. HW Transporter Activities: (Mark 'X' and complete all tha	t apply if you need to register your HW Transporter activities)							
Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.								
A. HW Transporter Registration Information (must be	ompleted annually and when this information changes)							
This facility is a registered transporter of hazardo	us waste.							
This form is: 🔲 Initial Registration 🗖 Renewal 🔲 Notification of changes 🖵 Cancel Registration								
☐ 1. For own waste only ☐ 2. For commercial po	rposes 3. Both commercial and own waste							
4. Transportation Mode Air Rail Highway	□ Water □ Other - specify							
B. HW Transfer Facility Registration Information (mu	st be completed annually and when this information changes)							
☐ This facility is a Hazardous Waste Transfer Faci	lity: (at this location) Storage Volume							
This form is: 🔲 Initial Registration 🔲 Renewal 🔲	Notification of changes							
Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.								
The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one): Our mailing (business) address The site (facility) address								
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Transfer Facility:							
Please see the top of page 5 for additional items that must be s Transfer Facilities [Rule 62-730.171(3), Florida Administrative	ubmitted in addition to the above registration for Hazardous Waste Code (F.A.C.)]:							
15. Used Oil and Oil Filter Activities: : (Mark 'X' and comp	ete all that apply if you need to register your used oil activities),							
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facility annually register with the Department using this form. All except Flor \$100 registration fee. This form is: Initial Registration Renewal	da used oil (UO) Processors and collection centers must pay an annual Notification of changes							
If applicable, a check or money order, in the amount of \$100,	payable to Florida Department of Environmental Protection is enclosed.							
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filter Management (must annually register)							
a. Transporter (off-site) and noncontiguous locations	a. Transporter							
■ b. Transfer Facility	b. Transfer Facility							
(2) Collection Center (From businesses, no more than 55 gal per shipment)	☐ c. Processor (Annual Report Required) ☐ d. End User							
(3) Used Oil Processor (A permit is required.)	7) The records required under the provisions of Rule 62-710.510,							
(4) Gff-Specification Used Oil Burner	FAC, are kept at (check one):							
(5) Used Oil Fuel Marketer	Our mailing (business) address The site (facility) address							
Please see the top of page 5 for additional items that must be submi exempt Used Oil Transporters.	ted in addition to the above registration and fees required for non-							

Transfer Facility and Used Oil Transporter requirem	nents and required signature page	EPA ID No. FLD98	071	1071			
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the in subsequent submission [Rule 62-730.171(3), Florida Ad	itial notification for a transfer facility a						
Certification by a responsible corporate officer			f				
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							
A map or maps of the transfer facility [Rule 62							
	· · · · · · · · · · · · · · · · · · ·						
(15 cont.) Used Oil Transporters: (Exemptions in							
 In addition to the requirements on Page 4 Sect. ALL registered UO Handlers must submit their own company. 		insporting UO from noncon	ntiguo	us operations within			
UO transporters transporting off-site over	public highways only within their ow	n company must submit pro	of of	insurance.			
 UO transporters transporting more than 5 	• •						
submission as a certified used oil transpor	ter in section 17 (except those exempted	by Rule 62-710.600(1), F.A.C.	.):.	·			
■ The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e).	, F.A.	C. is attached.			
17. Certification: I certify under penalty of law that accordance with a system designed to assure that que submitted is, to the best of my knowledge and belie false information, including the possibility of fine a	alified personnel properly gather and of figures, accurate, and complete. I am av	evaluate the information subvare that there are significan	omitte	d. The information			
I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter (ng program in place covering the applic	able used oil rules. Eviden	ce of f				
Signature of owner, operator, or an authorized representative	Print Name and	Title	Úsed Oil	Date Signed (mm-dd-yyyy)			
	Kurt Fogle	man		2/17/2015			
(Max)	Kurt Fogle	man	Ŗ	2/17/2015			
If the person that filled in this form is not the Facilit	y Contact or Operator, please comp	ete the information below	/ :				

(E-mail Address)

(Phone Number)

(Name of person completing this form)



Florida Department of ind a control of the control

Jennifer Carroll

Lt. Governor

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

Herschel T. Vinyard Jr. Secretary

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.

Perma-Fix of Flo	orida, Inc. 1	1940 NW 67th Pl	ace	Gainesville FL	
Facility Name	S	treet Address	City and State		
(352) 373-6066	(352) 3	372-8963	kfogleman@	perma-fix.com	
Phone	Fax	-	E-mail		
	e all sections and	d check all boxes tha	at apply.	,	
1. Estimated <u>numb</u> Types:	<u>er</u> of LAMPS ha Fluorescent ☑	ndled during the la	st calendar y HID ☑	_{ear.} 116,451	
2. Estimated <u>numb</u>	Thermostats 🗹	Electric SwitchManometers (nes/Relays [] Other	☑ ☑Capacitoı	rs lb.
4. Estimated <u>numb</u>	<u>er</u> of lamps or d : lamps (L) or de		to a mercury	recycling faci	ility.
116,451	LEI		Hammond, LA	(800) 309-9908	
Number L☑D□	Facility Name	•	City/State		Phone
60	LEI		Hammond, LA	(800) 309-9908	
Number L□D☑	Facility Name	(City/State		Phone
Number LDD Kurt Foglemar	-		City/State	2/17/2015	Phone
Print Name of Author		Signature of Authoriz	ed Agent	Date	

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmentransfer facility for un		_	vities as a transporter or ?
Yes	No		
2. If you have not alrewritten verification from activities as a transpostate. This verification registration, a permit,	om that environmentarter for universal wasted to the contract of the form of t	al agency that they ar te lamps and devices	e aware of your in Florida and in your
Submitted Prev	iously	Submitted in Wh	aat Year?
Print Name of Authoriz	ed Agent Signatu	re 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

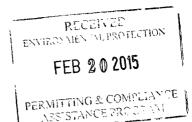
Your transporter registration will not be issued until you complete and return this checklist.

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.





February 19, 2015

VIA UPS

EPA Identification Notification Coordinator Hazardous Waste Regulation Section Department of Environmental Protection 2600 Blair Stone Road MS 4560 Tallahassee, FL 32399-2400

RE: 8700-12FL Florida Notification of Regulated Waste Activity for Perma-Fix of Florida, Inc. (FLD 980 711 071)

Dear Sir or Madame:

With this letter I am submitting the 8700-12FL (Florida Notification of Regulated Waste Activity) for the Perma-Fix of Florida, Inc. facility located in Gainesville.

In addition to the registration form, I am submitting the following attachments for each facility:

- Enclosure 1 for Item 10, Facility Waste Codes
- Enclosure 2 for Item 12.C, Universal Waste Lamp and Device Transporter and Transfer Facility Information Checklist
- Enclosure 3 for Items 14 & 15, Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler
- Enclosure 4 for Item 15, Check for Used Oil Registration Fee
- Enclosure 5 for Item 15. Annual Report by Used Oil and Used Oil Filter Handlers

If you have any questions regarding this information, please feel free to call me at (352) 395-1356 or e-mail me at kfogleman@perma-fix.com.

Sincerely,

Kurt Fogleman

Environmental, Health & Safety Manager

Perma-Fix Southeast Region