



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

03/07/2016

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, 2017** 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 **2017** 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,

A handwritten signature in blue ink, appearing to read "Laurie Tenace".

Laurie Tenace
Environmental Specialist
Waste Reduction Section

Enclosures

 <div style="margin-left: 20px;"> 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 </div>		Date Received (for FDEP Official Use Only) <div style="border: 1px solid black; padding: 5px; display: inline-block;"> MAR 01 2016 </div>
EPA ID: F L D 9 8 0 7 1 1 0 7 1		Please use the instructions document to complete this form
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	Mark 'X' in the correct box: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) </div> <div> FL Registration(s) <input checked="" type="checkbox"/> UW Mercury (see page 3) <input checked="" type="checkbox"/> HW Transporter (see page 4) <input checked="" type="checkbox"/> Used Oil (see page 4) </div> </div>	
2. Facility or Business Name	Perma-Fix of Florida, Inc.	
3. Facility Operator <small>(List additional Operators in the comments section)</small>	<div style="display: flex;"> <div style="flex: 1;"> Name of Operator: Perma-Fix of Florida, Inc. </div> <div style="flex: 1;"> Date became Operator: ____/____/____ </div> </div> <div style="display: flex;"> <div style="flex: 1;"> Street or P.O. Box: 1940 NW 67th Place </div> <div style="flex: 1;"> Phone Number: (352) 373-6066 </div> </div> <div style="display: flex;"> <div style="flex: 1;"> City or Town: Gainesville </div> <div style="flex: 0.5;"> State: FL </div> <div style="flex: 1;"> Zip Code: 32653 </div> <div style="flex: 1;"> Country (if not USA): </div> </div> <div> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </div>	
4. Facility Physical Location Information <small>(No P.O. Boxes)</small> <input checked="" type="checkbox"/> Same address as #3 above or:	Physical Street Address: _____ <input type="checkbox"/> Vessel <div style="display: flex;"> <div style="flex: 1;"> City or Town: </div> <div style="flex: 0.5;"> State: </div> <div style="flex: 1;"> Zip Code: </div> </div> <div style="display: flex;"> <div style="flex: 1;"> County: </div> <div style="flex: 1;"> Country (if not USA): </div> </div>	
5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)	<div style="display: flex;"> <div style="flex: 1;"> A. 562211 (required) </div> <div style="flex: 1;"> B. </div> </div> <div style="display: flex;"> <div style="flex: 1;"> C. </div> <div style="flex: 1;"> D. </div> </div>	
6. Facility or Business Mailing Address	<input checked="" type="checkbox"/> Same address as #3 above or: Street or P.O. Box: <div style="display: flex;"> <div style="flex: 1;"> City or Town: </div> <div style="flex: 0.5;"> State: </div> <div style="flex: 1;"> Zip/Postal Code: </div> <div style="flex: 1;"> Country (if not USA): </div> </div>	
7. Facility or Business RCRA Contact Person	<div style="display: flex;"> <div style="flex: 1;"> First Name: Kurt </div> <div style="flex: 1;"> Last Name: Fogleman </div> <div style="flex: 1;"> Title: EH&S Manager </div> </div> <div style="display: flex;"> <div style="flex: 1;"> Phone Number: (352) 373-6066 </div> <div style="flex: 0.5;"> Extension: </div> <div style="flex: 1;"> E-Mail: kfogleman@perma-fix.com </div> <div style="flex: 1;"> Fax: (352) 372-8963 </div> </div> <div> Street or P.O. Box: </div> <div style="display: flex;"> <div style="flex: 1;"> City or Town: </div> <div style="flex: 0.5;"> State: </div> <div style="flex: 1;"> Zip Code: </div> <div style="flex: 1;"> Country (if not USA): </div> </div>	
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small> <input checked="" type="checkbox"/> Same address as #3 above or:	<div style="display: flex;"> <div style="flex: 1;"> Name of Owner: Perma-Fix of Florida, Inc. </div> <div style="flex: 1;"> Date became Owner: ____/____/____ <input type="checkbox"/> New Owner mm dd yy </div> </div> <div style="display: flex;"> <div style="flex: 1;"> Street or P.O. Box: </div> <div style="flex: 1;"> Phone Number: </div> </div> <div style="display: flex;"> <div style="flex: 1;"> City or Town: </div> <div style="flex: 0.5;"> State: </div> <div style="flex: 1;"> Zip Code: </div> <div style="flex: 1;"> Country (if not USA): </div> </div> <div> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </div>	

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**(A) (1) Generator of Hazardous Waste**

☒ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

☐ **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)

☐ **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. Short-Term Generator (one-time, not on-going)
☐ e. Episodic: Not more than one-time per year: __SQG__LQG
☒ f. United States Importer of hazardous waste
☒ g. 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 Order (HWA, 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

☐ 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) ☒ Receives Hazardous Waste from Off-Site**(7) ☐ Underground Injection Control****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, K019, P012, U112).

Hazardous waste transporters list codes routinely or usually transported. Use comments or 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

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(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 _____ (date)

☐ **(C) Property Tax Default**

☐ **(D) Petition for Bankruptcy Protection**

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input checked="" type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	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:(Country): FL	Zip Code: 32653

Universal Waste Notification and Mercury Transporter/Handler Registration

 EPA ID No. **FLD980711071**
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :
A. Federal Notification
☐ **Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**

Accumulates: ☒ a. UW Batteries ☐ b. Pesticides ☒ c. Pharmaceuticals
☒ d. Mercury Containing Devices ☒ e. Mercury Containing Lamps

☐ **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.

B. Florida Universal Pharmaceutical Waste (UPW): one-time registration

- ☒ Pharmaceuticals **LQH** = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- ☒ Pharmaceuticals **Acute LQH** = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- ☒ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])

C. Florida Annual 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.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities
☐ First time registering ☒ Renewal ☐ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

- ☒ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices
- ☒ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices
- ☒ Mercury-Containing Devices (thermostats, etc) **SQH** = less than 100 kg accumulated by for-hire handler
- ☒ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

 Annual
Registration
Required

- ☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler
- ☐ Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

 Annual Registration +
one-time \$1,000 fee+
More Requirements
(contact FDEP)

(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)
☐ First time registering ☐ Renewal

 Annual Registration
Required

Briefly Describe your Universal Waste Activities:

☐ We use Drum Top Bulb Crusher(s)

Perma-Fix of Florida is a universal lamp and device transporter and transfer facility. We collect lamps and devices from customers, return them to the facility and make larger shipments to destination facilities.

13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) ☐ Recovery ☐ Transport [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

14. HW Transporter Activities: (Mark 'X' and complete all that 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 completed annually and when this information changes)

This facility is a registered transporter of hazardous waste.

This form is: ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only ☐ 2. For commercial purposes ☒ 3. Both commercial and own waste

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

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume _____

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

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 submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),

Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is: ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

☒ 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)

☒ a. Transporter (off-site) and noncontiguous locations

☒ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☒ On-Spec ☒ Off-Spec

(6) Used Oil Filter Management (must annually register)

☒ a. Transporter

☒ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ Our mailing (business) address ☒ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.).

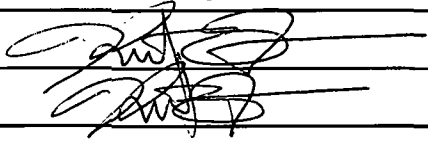
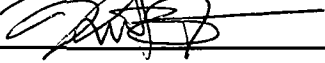
☐ The used oil annual report is attached ☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

16. Comments (attach a page if more space is needed):

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

17. 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.

☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Kurt Fogleman	<input type="checkbox"/>	2/29/2016
	Kurt Fogleman	<input checked="" type="checkbox"/>	2/29/2016
		<input type="checkbox"/>	

If the person that 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)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

**STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1 XL SPECIALTY INSURANCE COMPANY

(Name of Insurer)

(the "Insurer"), Of 505 Eagleview Blvd., Exton, PA 19341

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Perma-Fix of Florida, Inc.

(Name of Insured)

(the "Insured"), of 1940 NW 67th Place, Gainesville, FL 32653

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.

Name

Physical Address

FLD980711071 Perma-Fix of Florida, Inc 1940 NW 67th Pl, Gainesville, FL 32653

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of
\$1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number AEC004445101 issued on 09/01/2015
(date)

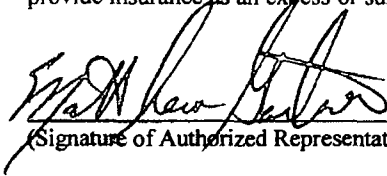
The effective date of said policy is 09/01/2015 and the expiration date of said policy
is 09/01/2016
(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$1,000,000 for each accident in excess of the underlying limit of
\$4,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number JEC004445201, issued on 09/01/2015 The effective date of
(date)
said policy is 09/01/2015 and the expiration date of said policy is 09/01/2016
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

- 2 The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Matthew Gartner

(Typed name)

Assistant Vice President

(Title)

Authorized Representative of

XL SPECIALTY INSURANCE COMPANY

(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341

(Address of Representative)



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used
Oil and Used Oil Filter Handlers
Effective Date 4-23-13
Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 5 below.)

For the reporting period January 1, 2015 through December 31, 2015

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Perma-Fix of Florida, Inc. 2. Telephone No. () (352) 373-6066
Site Address: 1940 NW 67th Place Gainesville, FL 32653-1649
3. EPA ID No. FLD980711071

☐ Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) Kurt Fogleman
Title: EH&S Manager Phone number (if different from #2, above) () (352) 395-1356

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☒ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixed	Total
a. In Florida	30,243	0	41,070	71,313
b. From out of State	1,487	20,817	859	23,163
c. Beginning Inventory				3,632
d. Total (sum of totals from Lines a + b + c)				98,108

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

In State	Out of State
78,357	19,751
78,357	19,751
0	0

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STATE ↓
--	---------------------------------------

1. Number of filters on hand from previous year		<input type="text"/>	
2. Number of used oil filters collected		<input type="text"/>	
3. Total number of used oil filters to manage (Line 1 plus Line 2)		<input type="text"/>	
4. Disposition of used oil filters collected:	a. Transferred to another registered facility		<input type="text"/>
	b. Burned for energy recovery at a Waste-To-Energy facility		<input type="text"/>
	c. Transferred directly to a metal foundry for recycling		<input type="text"/>
	d. TOTAL		<input type="text"/>
5. End of year, on hand estimate (Line 3 minus Line 4d)		<input type="text"/>	
6. Gallons of used oil collected as a result of filter processing		<input type="text"/>	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)		<input type="text"/>	
8. Volume of oily waste collected and managed as a result of filter processing <input type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....		<input type="text"/>	
9. Description of oily waste management			

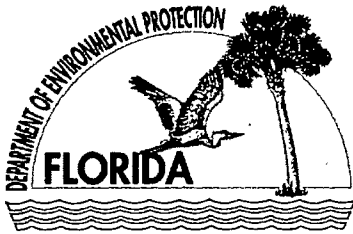
DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55- gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please call the Used Oil Coordinator at 850-245-8707.



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

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

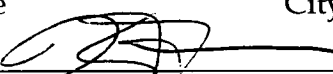
The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter 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 Florida, Inc.	1940 NW 67th Place	Gainesville FL
Facility Name	Street Address	City and State
(352) 373-6066	(352) 372-8963	kfogleman@perma-fix.com
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. 43,150
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 15
Types: Thermostats ☒ Electric Switches/Relays ☒
 Thermometers ☐ Manometers ☐ Other ☒ Capacitors
- Estimated weight of DEVICES handled during the last calendar year. 171 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.

43,150	LEI	Hammond, LA	(800) 309-9908
Number L <input checked="" type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
15	LEI	Hammond, LA	(800) 309-9908
Number L <input type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State	Phone
Number L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
Kurt Fogleman		2/29/2015	
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.