



## Florida Department of Environmental Protection

Northeast District  
8800 Baymeadows Way West, Suite 100  
Jacksonville, Florida 32256

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Noah Valenstein  
Secretary

July 21, 2017

Mr. Raymond Whittle, General Manager  
Perma-Fix of Florida, Inc  
1940 NW 67th Place  
Gainesville, Florida 32653  
[rwhittle@perma-fix.com](mailto:rwhittle@perma-fix.com)

**Re: Perma-Fix of Florida, Inc**  
**EPA/DEP ID: FLD 980 711 071**  
**Alachua County – Hazardous Waste**

Dear Mr. Whittle:

Department personnel conducted a compliance inspection of the above-referenced facility on May 4, 2017. Based on the information provided during and following the inspection, the facility was determined to be in compliance with the Department's hazardous waste rules and regulations. A copy of the inspection report is attached for your records. Any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Cheryl Mitchell at (904) 256-1620 or via e-mail at [cheryl.l.mitchell@dep.state.fl.us](mailto:cheryl.l.mitchell@dep.state.fl.us).

Sincerely,

A handwritten signature in cursive script that reads "Heather Webber".

Heather Webber  
Environmental Administrator

Enclosure: Inspection Report



**Florida Department of  
Environmental Protection  
Hazardous Waste Inspection Report**

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**FACILITY INFORMATION:**

**Facility Name:** Perma-Fix Of Florida Inc

**On-Site Inspection Start Date:** 05/04/2017

**On-Site Inspection End Date:** 05/04/2017

**ME ID#:** 50775

**EPA ID#:** FLD980711071

**Facility Street Address:** 1940 NW 67th Pl, Gainesville, FL 32653-1649

**Contact Mailing Address:** 1940 NW 67th Pl, Gainesville, FL 32653-1649

**County Name:** ALACHUA

**NOTIFIED AS:**

LQG (>1000 kg/month)

TSD Facility

Transporter

Used Oil

**INSPECTION TYPE:**

Routine Inspection for Hazardous Waste Transporter facility

Routine Inspection for TSD Facility

Routine Inspection for Used Oil Transporter facility

Routine Inspection for Universal Waste Transporter facility

Routine Inspection for LQG (>1000 kg/month) facility

Routine Inspection for Used Oil Transfer Facility

**INSPECTION PARTICIPANTS:**

Principal Inspector: Cheryl L Mitchell, Inspector

Other Participants: Kurt Fogleman, ESH Manager

**LATITUDE / LONGITUDE:** Lat 29° 43' .5156" / Long 82° 20' 59.741"

**SIC CODE:** 4953 - Trans. & utilities - refuse systems

**TYPE OF OWNERSHIP:** Private

**Introduction:**

Perma-Fix of Florida, Inc. (Perma-Fix) was inspected on May 4, 2017. A visit to the facility was also conducted on May 17, 2017. Kurt Fogleman, EHS Manager (Perma-Fix); Dwayne Singleton, Industrial Coordinator (Perma-Fix); Randy Self, Site Nuclear Manager (Perma-Fix); and Pam Fellabaum (DEP) were present during the May 4 visit. Mr. Fogleman and Mr. Singleton, and Ken Justice, Lab Manager (Perma-Fix) were present during the May 17 visit. Perma-Fix was last inspected by the Department's Hazardous Waste Program on August 14, 2014. USEPA inspected the facility on March 3, 2015. Perma-Fix was issued RCRA/HSWA permit number 17680-011-HO on May 27, 2015, with an expiration date of June 8, 2020. The permit is for the operation of a hazardous waste treatment and storage facility consisting of a 3,000-gallon aboveground storage tank (AST), three container storage areas and three miscellaneous treatment units. The facility has been issued EPA/DEP identification number FLD 980 711 071. Please use this number on all hazardous waste related correspondence with the Department.

Perma-Fix is a Large Quantity Generator (LQG) of hazardous waste, a Used Oil - Used Oil Filter Transporter and Transfer Facility, a Universal Waste (Lamps, Batteries, Devices, Pharmaceuticals) Transporter and Transfer Facility, and a Used Oil Marketer. The facility's processes include liquid and sludge bulking,

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scintillation vial and other small container crushing and shredding, repackaging of solid wastes contaminated by hazardous wastes, stabilization of wastes in containers, thermal desorption and/or chemical oxidation, non-elementary neutralization, used oil handling, petroleum contact water (PCW) transportation, consolidation and storage of universal wastes, radiological screening, and chemical analyses of wastes. The facility receives, temporarily stores and transfers radioactive and mixed wastes in accordance with US Nuclear Regulatory Commission (NRC) and RCRA requirements.

The facility operates Monday through Friday from 5 a.m. to 4 p.m. and is connected to city water and sewer. Containers are received at the facility, inspected, cross-checked with the manifest, labeled with Perma-Fix inventory labels, logged into the facility's electronic inventory system and then placed into the appropriate storage area. There are three storage areas in the facility where containers are stored prior to treatment, blending or off-site shipment. These areas are described below. Unless otherwise stated below, all waste accumulation containers observed were closed, properly labeled and dated.

## Process Description:

### PROCESSING AND STORAGE BUILDING (PSB)

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The area is not enclosed but is under a roof and has a containment system and concrete curbing with three different zones for storage of waste. This storage area is permitted to store up to 72,105 gallons of hazardous waste with a maximum container size of 718 gallons that is equivalent to a B-25 box container. At the time of the inspection, this storage area was within its permitted volume capacity and all containers had been accumulating for less than one year as documented in the facility's electronic inventory system.

Drums are moved to different zones within the building for storage and treatment as appropriate. The following activities occur in this area: fuel-blending including phase separation treatment, decanting and bulking of wastes; lab-pack decommissioning; and bulking of chemotherapy and pharmaceutical wastes. The building was near capacity and most of the drums were stacked two high (Photo 1), aisle space was tight and a few of the drums observed were not in good condition (Photo 2). It was recommended to the facility that drums may need to be over packed if the condition is questionable or if waste is on the outside of the drum. The facility was also reminded about maintaining adequate aisle space around the drums.

An aisle near the middle of the PSB separates Zones 1 and 2 from Zone 3 (Photo 3). Containers are staged here for initial sampling. There was sufficient spill control equipment in this area, but the closest eyewash station was on the opposite side of the building between Zones 1 and 2 and a good distance away from the sampling area. It was suggested to the facility to install an eyewash adjacent to the drum sampling area.

Zone 1 and a portion of Zone 2 are used to stage containers for bulking of liquid hazardous wastes. The facility pumps the liquid waste from the drums via an overhead pumping/dispensing system into poly or stainless totes or tanker trucks. Bulking of waste usually occurs the later part of the week to allow for Monday or Tuesday shipment. The drums staged in the Zone 1 area were being pre-staged for shipment on the following Monday, but the facility failed to ensure adequate aisle space in this area (Photo 4) [40 CFR 264.35]. Additionally, there was a small amount of liquid waste on top of one of the drums (Photo 5) [40 CFR 264.171].

Zone 2 is used for storage and bulking of chemotherapy, pharmaceutical and other non-infectious medical waste for transfer off-site. At the time of inspection, several pallets of waste were staged in the middle of the space for off-site shipment the following day and aisle space in this zone was tight. Mr. Singleton stated that this pre-staging only occurs the day before a shipment, and the area was cleared and accessible during the visit on May 17, 2017.

Zone 3 is used for storage of waste that doesn't require further treatment. There were no concerns identified in this zone.

Satellite accumulation containers in the PSB were located in separate locations in the following PSB areas: Zone 1 had one 55-gallon container for collecting drips from the pumping equipment tools that are rinsed and placed into the container, and one 55-gallon container for waste aerosol cans; Zone 3 had one 55-gallon container for PPE and waste generated during the sampling process. When full, the waste from each satellite container is bulked with other similar waste and analyzed for disposal. The waste aerosol cans are disposed of as D001 hazardous waste.

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Fire extinguishers were present throughout the storage area, No Smoking signs were posted, adequate spill control and decontamination equipment was available but the eye wash was not completely accessible due to a drum blocking the path (Photo 6). The facility corrected the issue by moving the drum during the inspection.

A 3,000-gallon AST is located in between Zones 1 and 2 in the approximate center of the storage area. The tank had appropriate secondary containment and a sump to contain any spillage. At the time of this inspection, the AST was empty. The tank has not been used to store any waste since it was installed.

## LSV PROCESSING AND WASTE STORAGE BUILDING

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This building is fully enclosed with a containment system and concrete curbing, and it is separated into two basic storage and treatment sections. In the southwestern portion of the building is the Liquid Scintillation Vials (LSV) processing and storage area, personnel 'clean' room for entry/exit to the LSV area, and a Radiological Counting Lab. In the eastern and northern portions of the building are storage areas for hazardous, non-hazardous and universal wastes; radioactive-only wastes; used oil and used oil filters; a facility maintenance shop, material storage, restrooms and laundry room.

### LSV and Liquid Scintillation Fluids (LSF) Processing

Perma-Fix performs waste processing for LSVs and liquid bulking for LSF. Scintillation fluids emit traceable amounts of radiation when exposed to a radiation source. These fluids are generally used by hospitals and research institutes as tracer fluids. The fluids contain small amounts of xylene and toluene and may be radioactive so they are placed in a vial and accumulated in 55-gallon drums. The LSF is therefore regulated as a F003/F005 hazardous waste, and, if radioactive, as a mixed waste under RCRA and NRC regulations. At the time of inspection, the LSV processing unit was not in operation. The facility typically processes LSV one week per month. The LSV treatment process is to place the vials on a vibratory conveyor that separates packing material from the vials, then moves the vials into a crusher where the fluids are separated from the crushed vials. The crushed vials are rinsed with ethanol, the fluids and rinsewater are collected in a storage tank and the crushed vials are transferred to a 55-gallon drum. LSF is screened for radioactivity and pumped into tanks and sent off-site to Diversified Scientific Services Inc. (DSSI), a Perma-Fix subsidiary located in Tennessee, for further treatment as mixed waste or radioactive waste as appropriate. The crushed, rinsed glass/plastic is screened for radioactivity and disposed of as non-hazardous waste if it is not radioactive. Radioactive waste may also be stored on-site to decay and attain proper activity level before being shipped off-site as non-hazardous waste.

Debris Treatment including chemical oxidation/reduction, neutralization, mercury amalgamation, and bulking is also performed in the LSV Processing portion of the building. Debris Treatment was not being performed at the time of the inspection and no waste containers were observed.

### Radiation Counting Lab

Screening of incoming LSV and waste LSV-LSF is performed in the lab. The process generates wipes and vials that are accumulated in satellite accumulation containers. There were three 15-gallon satellite accumulation containers in the lab for mixed waste vials, exempt vials (not radioactive) and lab trash. All containers were closed and properly labeled. When full, the waste is bulked with similar waste in dated containers located in the Waste Storage Warehouse and disposed of as radioactive waste, mixed waste or non-hazardous waste as appropriate.

### Waste Storage Warehouse (WSW)

This storage area in the building is permitted to store up to 54,340 gallons of hazardous waste with a maximum container size of 718 gallons that is equivalent to a B-25 box container. At the time of the inspection, this area was near capacity but within its permitted volume capacity, and all containers had been accumulating for less than one year as documented in the facility's electronic inventory system.

In a couple of areas, the aisle space was tight (Photo 7), and the facility was reminded that it should provide sufficient aisle space around all containers of hazardous waste. The space should be sufficient for inspections and movement of emergency equipment. Prior to the May 17 visit, the facility re-positioned the equipment shown in the photo to provide adequate space. In addition, one hazardous waste container was found to be in poor condition (Photo 8) [40 CFR 264.171]. The dented container was over-packed during the inspection.

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Bulking of waste paints, pesticides, aerosols and non-hazardous wastes also occurs in this area. At the time of the inspection, containers of radioactive waste, used oil, used oil filters, universal waste and non-regulated waste were also observed in this storage area.

#### Maintenance Shop

The maintenance area is located on the northern side of the building within a fenced compound. Routine maintenance on equipment and tools is performed in this area. There was one diesel fuel parts washer that is used for cleaning parts. Approximately every two years the fluid is changed-out and either bulked with other fuels or disposed of as non-hazardous waste. The area also had containers for used oil and used oil filters. The containers were closed and properly labeled.

#### TREATMENT AND OPERATIONS BUILDING (TOB)

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This building is fully enclosed with a containment system and concrete curbing. The Waste Storage Area is located in the northwest portion of the building; the thermal desorption and chemical treatment area is located in the northeast portion of the building; and a Chemical Lab is located in the southeast portion of the building.

#### Waste Storage Area

This storage area has seven zones for different types/classifications of wastes, and it is permitted to store up to 35,200 gallons of hazardous waste with a maximum container size of 718 gallons that is equivalent to a B-25 box container. At the time of the inspection, this area was within its permitted volume capacity and all containers had been accumulating for less than one year as documented in the facility's electronic inventory system. One pallet of containers stored in Zone 9 and one pallet of containers stored in Zone 10 were staged on top of the concrete berm (Photo 9). This is an Area of Concern. The pallet was moved during the inspection, and facility personnel were made aware that wastes should be stored in a manner that minimizes the potential for spills or releases outside the containment system.

#### Radiological Archive Area

On a mezzanine, over the southern portion of the Waste Storage Area, is an archive storage area for radiological screening samples. The samples are archived pending review of test reports, treatability studies, or for other forensic reasons specific to the generator of the waste. Several times a year, the archive area is purged of samples that are no longer required, and this purging event has the potential to generate >55-gallons of radioactive or mixed waste. At the time of the inspection, there were two 55-gallon satellite accumulation containers on the mezzanine that were closed and properly labeled. This is an Area of Concern. At the time of the inspection, the facility stated that it would establish a <90-day accumulation area on the mezzanine to allow for accumulation of multiple 55-gallon accumulation containers of the waste radioactive samples. The <90-day area had been established, with required emergency equipment, prior to the May 17, 2017, visit. Containers observed were closed, properly labeled and dated.

#### The Chemical Lab

Fingerprint analyses are performed on incoming wastes to confirm that waste received by the facility conforms to the initial waste profile. Analyses performed include water content, specific gravity, pH and flashpoint as appropriate. If a disparity between the waste profile and the test results is detected, additional testing is performed including screening for F-solvents and Total Organic Halides (TOX). Any disparity between the waste profile and lab tests that requires a different treatment and/or handling of the waste is reported to the waste generator in a Non-Conformance Report (NCR). The NCR identifies the disparity and includes the results of the lab test as well as differences in treatment methods and/or costs. The NCR is documented in the generator's record, on file at Perma-Fix, and the waste profile is 'flagged' for follow-up to determine if the generator needs to submit a revised profile.

Lab operations generate waste acid, solvents, solid debris (vials, wipes), and radioactive and mixed wastes. There were eight satellite accumulation containers located in separate areas throughout the lab which were closed and properly labeled (Photos 10 and 11). When full, the waste is either transferred to the lab's <90-day waste accumulation area in the TOB or bulked with similar wastes for fuel-blending. The lab's <90-day accumulation area is located just outside the lab in the TOB. At the time of the inspection, there were three 55-gallon accumulation drums of waste acids, waste flammable liquids, waste vials/solids. The containers were closed, properly labeled and had been accumulating for less than 90 days.

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## Outside Areas

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Mr. Fogleman stated that the paved areas outside the PSB, LSV-WSW and TOB are used to stage non-hazardous crushed LSV waste, non-hazardous bulked solid waste and CONEX boxes used for material/equipment storage. The containers observed in these areas were closed and properly labeled.

The security fence was inspected and was in good repair with adequate signage posted on the fence surrounding the facility except for a minor issue. Portions of the northwestern corner of the fence were difficult to observe due to overgrown shrubs and low hanging tree limbs. Mr. Fogleman stated that he would request the yard maintenance company remove the undergrowth so there was an unencumbered view of the fence in that area.

## Record Review

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Records reviewed included manifests, biennial report, Contingency Plan, personnel training records, position descriptions of waste management personnel, weekly container inspection logs, emergency equipment testing and maintenance logs, Closure Plan, container inventories, waste analysis results, used oil screening and receipt/disposal logs, and transporter certifications and spill response procedures that are carried in transport vehicles. All records reviewed appeared to be in order.

## New Potential Violations and Areas of Concern:

### Violations

Type:	Violation
Rule:	264.35
Explanation:	The facility failed to maintain adequate aisle space in the PSB and WSW storage areas.
Corrective Action:	No further action is required. The facility cleared the aisle in the WSW storage area the day of the inspection and the PSB aisle space was cleared prior to the May 17 visit.

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Type:	Violation
Rule:	264.171
Explanation:	The facility stored hazardous waste in containers that did not appear to be in good condition in the following areas: 1) One container in the PSB had spilled hazardous waste on the lid. 2) One container in the LSV-WSW was significantly dented.
Corrective Action:	No further action is required. The facility made the following corrective actions during the inspection: 1) In the PSB, the spilled hazardous waste was cleaned-up and the container was inspected to ensure it was in good condition. 2) In the LSV-WSW, the dented container was over-packed.

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## PHOTO ATTACHMENTS:



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Photo 1 - PSB



Photo 2 - PSB aisle space & container condition



Photo 3 - PSB sampling aisle



Photo 4 - PSB aisle space



Photo 5 - PSB waste on top of container

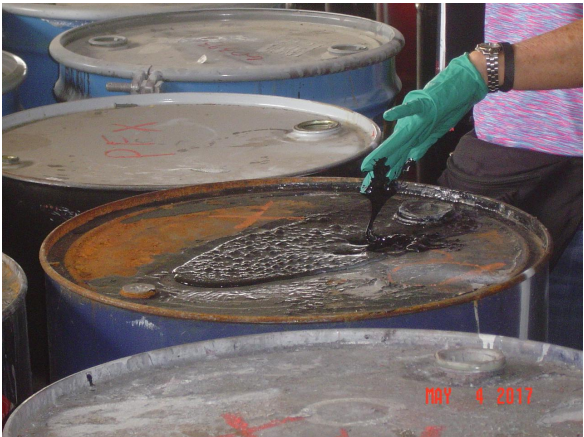


Photo 6 - PSB eye wash



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Photo 7 - LSV-WSW aisle space



Photo 8 - LSV-WSW dented container



Photo 9 - TOB pallet on containment berm



Photo 10 - TOB Chem Lab SA solids container



Photo 11 - TOB Chem Lab SA liquids container





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**1.0 - Pre-Inspection Checklist**

## Requirements:

The requirements listed in this section provide an opportunity for the Department's inspector to indicate the conditions found at the time of the inspection. A "Not Ok" response to a requirement indicates either a potential violation of the corresponding rule or an area of concern that requires more attention. Both potential violations and areas of concern are discussed further at the end of this inspection report.

Item No.	Pre-Inspection Review	Yes	No	N/A
1.1	Has the facility notified with correct status? 262.12	✓		
1.2	Has the facility notified of change of status? 62-730.150(2)(b)			✓
1.3	Did the facility conduct a waste determination on all wastes generated? 262.11	✓		

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**Signed:**

A hazardous waste compliance inspection was conducted on this date, to determine your facility's compliance with applicable portions of Chapters 403 & 376, F.S., and Chapters 62-710, 62-730, 62-737, & 62 -740 Florida Administrative Code (F.A.C.). Portions of the United States Environmental Protection Agency's Title 40 Code of Federal Regulations (C.F.R.) 260 - 279 have been adopted by reference in the state rules under Chapters 62-730 and 62-710, F.A.C.

Cheryl L Mitchell

Inspector

**PRINCIPAL INSPECTOR NAME****PRINCIPAL INSPECTOR TITLE**

DEP

07/18/2017

**PRINCIPAL INSPECTOR SIGNATURE****ORGANIZATION****DATE**

Kurt Fogleman

ESH Manager

**Representative NAME****Representative TITLE**

Perma-Fix

**ORGANIZATION**

NOTE: By signing this document, the Site Representative only acknowledges receipt of this Inspection Report and is not admitting to the accuracy of any of the items identified by the Department as "Potential Violations" or areas of concern.

**Report Approvers:****Approver:**

Cheryl L Mitchell

**Inspection Approval Date:**

07/18/2017