

954

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA\_ID FLD981018773 Site Name Perma-fix of Ft. Lauderdale New Site Contact? John Lennon Phone: 954-583-3795

Receipt and Data Entry	form	recv pages	Submission		Quality Control		QC error pages		Data Entry		Transfer		
			Paper	Disk	initial	date			initial	date	Initial	Date	
Receipt and Data Entry	SI	3	X	X	GM	3/15					LG	3/15	
	GM			X									
	WR			X	7								
	OI			X									
Data entry or Basic edit errors	form	page	sub pg	Action Item	QC init	date	Site Contact	date	Corrective Action	data entry initial	date	DE Comment	
Data entry or Basic edit errors	SJ	1		Phone #	56	3/23	John	3/23	954			MSG 3/24	
	1	2		universal waste			Lennon						
	1	1		NAIC)					56211(D)				
	GM	2		W110 Acid					(W103)			WILL call BACK	
	GM			Delete sampled pages									
	GM	2		11377									will Re-Sub
	RXD 4/7 see Attached												
Advanced Edit Errors													

DATA ENTRY/FILING ASSIGNMENT:

027 77390

<b>MAIL THE COMPLETED FORM TO:</b> The Appropriate EPA Regional or State Office	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)</b>  CHECK CORRECT BOX(ES)	<b>A. Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
<b>2. Site EPA ID Number (see instructions on page 11)</b>	EPA ID Number: FLD981018773		MAR 15 2004
<b>3. Site Name (see instructions on page 11)</b>	Legal Name: PERMA-FIX OF FORT LAUDERDALE, INC. <b>HAZARDOUS WASTE</b>		
<b>4. Site Location Information (see instructions on page 11)</b>	<b>Street Address:</b> 3670 S.W. 47TH AVE.		
	<b>City, Town, or Village:</b> DAVIE	<b>State:</b> FL	
	<b>County Name:</b> BROWARD	<b>Zip Code:</b> 33314- -	
<b>5. Site Land Type (see instructions on page 11)</b>	<b>Site Land Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)</b>	A. <u>562111</u>		B.
	C.		D.
<b>7. Site Mailing Address (see instructions on page 12)</b>	<b>Street or P.O. Box:</b> 3701 S.W. 47TH AVE, SUITE 109		
	<b>City, Town, or Village:</b> DAVIE		<b>State:</b> FL
	<b>Country:</b>	<b>Zip Code:</b> 33314- -	
<b>8. Site Contact Person (see instructions on page 12)</b>	<b>First Name:</b> JOHN	<b>MI:</b> P	<b>Last Name:</b> LENNON
	<b>Phone Number:</b> (955) 583-3795 <b>Extension:</b>		<b>Email:</b> JLENNON@PERMA-FIX.COM
<b>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</b>	<b>A. Name of Site's Operator:</b> PERMA-FIX OF FORT LAUDERDALE, INC.		<b>Date Became Operator (mm/dd/yyyy):</b> 06/15/1994
	<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>B. Name of Site's Legal Owner:</b> PERMA-FIX ENVIRONMENTAL SERVICES		<b>Date Became Owner (mm/dd/yyyy):</b> 06/15/1994
	<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>Street or P.O. Box:</b> 1940 N.W. PLACE		
	<b>City, Town, or Village:</b> GAINESVILLE		
	<b>State:</b> FL <b>Zip Code:</b> 32653- - <b>Country:</b>		

RECEIVED

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste (choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- Y  d. United States Importer of Hazardous Waste
- N  e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- Y  2. Transporter of Hazardous Waste
- N  3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- N  4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.

5. Exempt Boiler and/or Industrial Furnace

- Y  a. Small Quantity On-site Burner Exemption
- N  b. Smelting, Melting, Refining Furnace Exemption

- N  6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply)

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other <u>Mercury-containing device</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

NOT Pesticides

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

~~NO~~ NO

C. Used Oil Activities

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- Y  a. Transporter
- Y  b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- Y  a. Processor
- N  b. Re-refiner

3. Off-Specification Used Oil ~~MARKER~~ HAZARDOUS WASTE

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- N  a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- Y  b. Marketer Who First Claims the Used Oil Meets the Specifications

RECEIVED

MAR 15 2004

11. Description of Hazardous Wastes (see instructions on page 16)

A. Waste Codes for Federally Regulated Hazardous Wastes.

Please list the waste codes of the Federal hazardous wastes handled at your site.

List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D012	D013	D014
D015	D016	D017	D018	D019	D020	D021
D022	D023	D024	D025	D026	D027	D028
D029	D030	D031	D032	D033	D034	D035
D036	D037	D038	D039	D040	D041	D042
D043	F001	F003	F004	F005	F006	F007

EPA ID No. FLD981018773

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

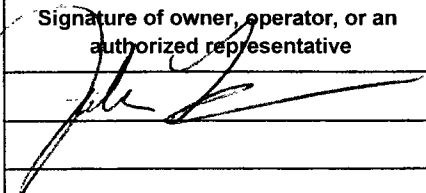

**12. Comments (see instructions on page 17)**


F008 F009 F010 F011 F012 F019 F020 F021 F022 F023 F024 F025 F026 F027 F028 F032 F034  
 F035 F037 F039 K001 K002 K003 K004 K005 K006 K007 K008 K009 K010 K011 K013 K014 K015  
 K016 K017 K018 K019 K020 K021 K022 K023 K024 K025 K026 K027 K028 K029 K030 K031 K034  
 K035 K036 K037 K038 K039 K040 K041 K042 K043 K048 K049 K050 K051 K052 K060 K061 K062

P and U codes did not print out on this form, but are included in the electronic SI form.

**JLENNON@PERMA-FIX.COM**

**13. 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. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, 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 (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	JOHN P. LENNON	03/10/2004
	FACILITY MANAGE	

**RECEIVED**

MAR 15 2004

HAZARDOUS WASTE

**PermaFix**  
environmental services

RECEIVED

MAR 15 2004

HAZARDOUS WASTE

March 12, 2004

Mr. John Griffith  
Florida DEP  
MS 4555  
2600 Blair Stone Road  
Tallahassee FL, 32399-2400

Dear Mr. Griffin,

Please find the enclosed electronic version of the 2003 Biennial Report for our Perma-Fix of Fort Lauderdale (PFFL) facility. PFFL is required to submit a 2003 Biennial Report because we had a temporary change in generator status from a Small Quantity Generator to a Large Quantity Generator due to importing waste from the Cayman Islands and becoming the generator. This issue has already been discussed with Kathy Winston in the FDEP SE District Office.

If you have any questions please call me at (954) 583-3995.

Sincerely,



Anne P. Meador

enclosures

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA_ID		FLD 981018773		Site Name		Perma-Fix of Ft. Lauderdale		New Site Contact? John Lennon		Phone: 954-583-3795		
Receipt and Data Entry	form	recv pages	Submission Paper Disk		Quality Control initial date		QC error pages		Data Entry initial date		Transfer Initial Date	
	SI	3	X	X	AM	4/7					AG	4/7
	GM	1	X	X								
	WR											
	OI	1	X	X			No Transporter					
Data entry or Basic edit errors	form	page	sub pg	Action Item	QC init	date	Site Contact	date	Corrective Action	data entry initial	date	DE Comment
	OI	-		No Transporter	AG	4/7				AG	4/7	Added from attached manifest
Advanced Edit Errors												

DATA ENTRY/FILING ASSIGNMENT:

<b>MAIL THE COMPLETED FORM TO:</b> The Appropriate EPA Regional or State Office	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)</b>  CHECK CORRECT BOX(ES)	<b>A. Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
<b>2. Site EPA ID Number (see instructions on page 11)</b>	<b>EPA ID Number:</b> FLD981018773		
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	<b>C.</b>	<b>D.</b>	
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<b>8. Site Contact Person (see instructions on page 12)</b>	<b>First Name:</b> JOHN	<b>MI:</b> P	<b>Last Name:</b> LENNON
	<b>Phone Number:</b> (954) 583-3795 <b>Extension:</b>		<b>Email:</b> JLENNON@PERMA-FIX.COM
<b>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</b>	<b>A. Name of Site's Operator:</b> PERMA-FIX OF FORT LAUDERDALE, INC.		<b>Date Became Operator (mm/dd/yyyy):</b> 06/15/1994
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	<b>City, Town, or Village:</b> GAINESVILLE		
	<b>State:</b> FL	<b>Zip Code:</b> 32653- -	<b>Country:</b>

RECEIVED

APR 01 2004

HAZARDOUS WASTE

**10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**  
(choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
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- c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- Y  d. United States Importer of Hazardous Waste
- N  e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- Y  **2. Transporter of Hazardous Waste**
- N  **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity
- N  **4. Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace**
  - N  a. Small Quantity On-site Burner Exemption
  - N  b. Smelting, Melting, Refining Furnace Exemption
- N  **6. Underground Injection Control**

**B. Universal Waste Activities**

1 Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply)

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other <u>Hg Contained Devices</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste  N

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- Y  a. Transporter
- Y  b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)**

- Y  a. Processor
- N  b. Re-refiner

N  **3. Off-Specification Used Oil Burner**

**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- N  a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- Y  b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (see instructions on page 16)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D012	D013	D014
D015	D016	D017	D018	D019	D020	D021
D022	D023	D024	D025	D026	D027	D028
D029	D030	D031	D032	D033	D034	D035
D036	D037	D038	D039	D040	D041	D042
D043	F001	F003	F004	F005	F006	F007



EPA ID No. FLD981018773

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

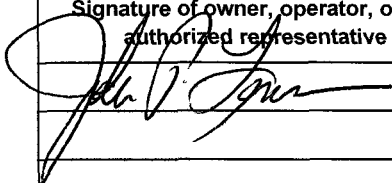

**12. Comments (see instructions on page 17)**


F008 F009 F010 F011 F012 F019 F020 F021 F022 F023 F024 F025 F026 F027 F028 F032 F034  
 F035 F037 F039 K001 K002 K003 K004 K005 K006 K007 K008 K009 K010 K011 K013 K014 K015  
 K016 K017 K018 K019 K020 K021 K022 K023 K024 K025 K026 K027 K028 K029 K030 K031 K034  
 K035 K036 K037 K038 K039 K040 K041 K042 K043 K048 K049 K050 K051 K052 K060 K061 K062

P and U codes did not print out on this form, but are included in the electronic SI Form.

**JLENNON@PERMA-FIX.COM**

**13. 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. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, 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. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	JOHN P LENNON FACILITY MANAGE	03/10/2004



U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2003 Hazardous Waste Report

**FORM  
GM**

**WASTE GENERATION  
AND MANAGEMENT**

**SITE NAME**  
PERMA-FIX OF FORT LAUDERDALE, INC.  
3670 S.W. 47TH AVE.  
DAVIE, FL 33314  
EPA ID NO: **FLD981018773**

<b>Sec. 1</b>	<b>A. Waste Description</b> RQ ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S., 9, NA3082, III (TETRACHLOROETHYLENE)		
<b>B. EPA Hazardous Waste Code</b> D039		<b>C. State Hazardous Waste Code</b>	
<b>D. Source Code</b> G75 Management Method code for Source code G25	<b>E. Form Code</b> W205	<b>F. Quantity Generated in 2003</b> 11,377.00	<b>G. UOM</b> 5 Density 8.34 lb./gal.

<b>Sec. 2</b>	<b>Was any of this waste managed on-site?</b> No	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
<b>On-site process system type</b>	<b>Quantity treated, disposed, or recycled on-site in 2003</b>	<b>On-site process system type</b> <b>Quantity treated, disposed, or recycled on-site in 2003</b>

<b>Sec. 3</b>	<b>A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling?</b> Yes		
<b>Site #</b>	<b>B. EPA ID No. of facility to which waste was shipped</b>	<b>C. Off-site Management Method code shipped to</b>	<b>D. Total quantity shipped in 2003</b>
1	GAD093380814	H061	11,377.00
2			0.00

**Comments** WASTE IMPORTED FROM THE CAYMAN ISLANDS, DEPARTMENT OF HEALTH

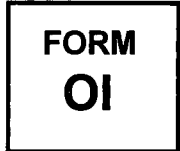


U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2003 Hazardous Waste Report

**SITE NAME**

PERMA-FIX OF FORT LAUDERDALE, INC.  
S.W. 47TH AVE.  
DAVIE FL 33314

EPA ID NO: FLD981018773



**OFF-SITE  
IDENTIFICATION**

<p><b>A. EPA ID No. of off-site installation or transporter</b> GAD093380814</p>	<p><b>B. Name of off-site installation or transporter</b> PERMA-FIX OF SOUTH GEORGIA</p>
<p><b>C. Handler Type</b></p> <p>n Generator N Transporter Y TSDR</p>	<p><b>D. Address of off-site installation</b></p> <p>Street 1612 James P. Rodgers Circle  City VALDOSTA State GA Zip 31601-</p>

Poor Original

# 308

Emergency Contact Telephone Number

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. F L D 9 8 1 0 1 8 7 7 3 Manifest Document No. 2

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address PERMA-FIX ENVIRONMENTAL SVC 3701 S.W. 47TH AVENUE #109 DAVIE, FL 33314

4. Generator's Phone ( 954 ) 583-3795

5. Transporter 1 Company Name Dana Suttles 6. US EPA ID Number F L R 0 0 0 0 3 5 8 7 3

7. Transporter 2 Company Name 8. US EPA ID Number

9. Designated Facility Name and Site Address Perma-Fix of South Georgia, Inc. 1612 James P. Rodgers Circle Valdosta, GA 31601 10. US EPA ID Number B A D 0 9 3 3 8 0 8 1 4

Table with 4 columns: 11. US DOT Description, 12. Containers, 13. Total Quantity, 14. Unit. Row a: RM, Environmentally Hazardous Substance, Liquid, N. S. S., 9, NA 3082, III (Tetrachloroethylene) in 9.25.03, 0.01, C.M, 0.23.0.0, G. Includes 'RECEIVED APR 01 2004' and 'HAZARDOUS WASTE' stamps.

15. Special Handling Instructions and Additional Information Emergency Response: Chem-Trac 1-800-424-9300

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name Signature Month Day Year 109116103

17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year 10912403

18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space 11g-Added NOS Tetrachloroethylene per approved # DEP 6718

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Signature Month Day Year 1092003

ORIGINAL - RETURN TO GENERATOR

Poor Original (410T)

# 304

Emergency Contact Telephone Number

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. FLD981018773	Manifest Document No. 92283	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address Perma-Fix Environmental SVC 3701 S.W. 47th Avenue #109 4. Davie, FL (954) 583-3795				A. State Manifest Document Number			
5. Transporter 1 Company Name Perma-Fix Orlando				6. US EPA ID Number FLD980559728	C. State Transporter's ID		
7. Transporter 2 Company Name				8. US EPA ID Number	D. Transporter's Phone: 407-859-4441		
9. Designated Facility Name and Site Address Perma-Fix Of South GA. 1612 James P. Rogers Circle Valdosta, GA 31601				10. US EPA ID Number GAD093380814	E. State Transporter's ID		
					F. Transporter's Phone		
					G. State Facility's ID		
					H. Facility's Phone: (229) 244-0474		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol	
HM				No.	Type		Waste No.
a.	x	RQ Environmentally Hazardous Substance, Liquid, n.o.s. (Tetrachloroethylene)	9 NA3082 III	001	RD TT OR	RD 04000 5300	D039
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above Line A; Approval #DEP 6718; Chlorinated Oil (Taken ownership from the Dept. of Env. Health of Grand Cayman Islands)				K. Handling Codes for Wastes Listed Above:			
15. Special Handling Instructions and Additional Information Line A; Emergency Response: Chem-Trec 1-800-424-9300							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Touha Duperon			Signature Touha Duperon		Month Day Year 09 23 03		
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name Russ DeVittors			Signature Russ DeVittors		Month Day Year 10 08 03		
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name			Signature		Month Day Year		
19. Discrepancy Indication Space 11a - added NOS - Tetrachloroethylene per approval # DEP 6718.2							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name Shirley Whitlock			Signature Shirley Whitlock		Month Day Year 09 23 03		

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL -- RETURN TO GENERATOR

Poor Original

#312

Emergency Contact Telephone Number

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. F. L. D. 9. 8. 1. 0. 1. 8. 7. 7. 3 Manifest Document No. 9. 9. 9. 2. 2

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address PERMA-FIX ENVIRONMENTAL SVC... 3701 S.W. 47TH AVENUE #109 DAVIE, FL 33314

4. Generator's Phone ( 954) 583-3795

5. Transporter 1 Company Name Dana Butties 6. US EPA ID Number F. L. R. 0. 0. 0. 0. 3. 5. 8. 7. 3

7. Transporter 2 Company Name 8. US EPA ID Number

9. Designated Facility Name and Site Address Perma-Fix of South Georgia, Inc. 1612 James P. Rodgers Circle Valdosta, GA 31601 10. US EPA ID Number B. A. D. 0. 9. 3. 3. 8. 0. 8. 1. 4

Table with 4 columns: 11. US DOT Description, 12. Containers No./Type, 13. Total Quantity, 14. Unit Wt/Vol. Row a: Environmentally Hazardous Substance, Liquid, n.o.s., 9, NA 3082, III (Tetra chloroethylene) 1/9.26.03, 001 C.M, 0.77 B.

15. Special Handling Instructions and Additional Information Emergency Response: Chem-Trec 1-800-424-9300

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name Orlando Fells Signature Orlando Fells Month Day Year 10/11/03

17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Paul Soto Signature Paul Soto Month Day Year 10/25/03

18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space 11g-added Tetra chloroethylene as N.O.S. per approval # DEP 6718, 9.2

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Mark Whisenand Signature Mark Whisenand Month Day Year 10/26/03

ORIGINAL - RETURN TO GENERATOR