



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

09/22/2022

Randy Self, General Manager
Perma-Fix Of Florida Inc
1940 NW 67th Pl
Gainesville, FL 32653-1649

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number or reports for **Perma-Fix Of Florida Inc** located at **1940 NW 67th Pl, Gainesville, FL 32653-1649**

DEP/EPA Identification Number: **FLD980711071**

Your facility status is the following: **Large Quantity Generator (LQG), Universal Waste - Batteries, Universal Waste - Pesticides, Universal Waste - Lamps, Universal Waste - Devices, Hazardous Waste Pharmaceutical - Reverse Distributor, U.S. Importer of Hazardous Waste, Mixed RCRA/Radioactive, Off-Site Waste Received, Operating Commercial TSD.**

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

<https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page>.

Please note that pending program registrations, certifications, or permits will be sent to you separately.

To review the details of your status, visit:

https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980711071.

For further assistance, please contact me at (850) 245-8707 or email me at

Jeff.Gregg@dep.state.fl.us.

Sincerely,

Tiffany Noland For

Jeff Gregg
Environmental Manager
Waste Compliance Assistance Program

ME ID: 50775, Email Address: rself@perma-fix.com



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 FDEP Official Use Only)

FEB 28 PM 2:13

EPA ID:

F L D 9 8 0 7 1 1 0 7 1

Please use the instructions document to complete this form
* mandatory fields

1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)

Mark 'X' in
the correct box*:

- ☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☒ To provide updated information for an EPA ID number (to update status and facility identification information).
- ☐ To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)
- ☐ To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.
- ☐ Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

- ☒ UW Mercury (see page 4) ☒ HW Transporter (see page 5) ☒ Used Oil (see page 6)

2. Facility or Business Name:*

Perma-Fix of Florida, Inc.

3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address*:

1940 NW 67th Place

☐ Vessel

City or Town:

Gainesville

State:

FL

Zip Code:

32653

County*:

Alachua

Country (if not USA)*:

N/A

4. Facility or Business Mailing Address:

☒ Same address as #__ above or*:

City or Town*:

State*:

Zip/Postal Code*:

Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits)

A. | 5 | 6 | 2 | 2 | 1 | 1 | (required)

B. | | | | | | |

C. | | | | | | |

D. | | | | | | |

6. Facility or Business RCRA Contact Person: ☐ Same address as #__ above or:

First Name*:

Randy

Last Name*:

Self

Title*:

General Manager

Phone Number*:

352-395-1368

Extension*:

N/A

Fax*:

N/A

E-Mail*:

rself@perma-fix.com

Street or P.O. Box (or same address box is checked)*:

1940 NW 67th Place

City or Town*:

Gainesville

State*:

FL

Zip Code*:

32653

Country (if not USA):

N/A

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No.* FLD980711071	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*: <div style="text-align: center;">Perma-Fix of Florida, Inc.</div>		Date became Owner*: ____/____/____ <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*: 1940 NW 67th Place		Phone Number*:	
City or Town*: <div style="text-align: center;">Gainesville</div>	State*: <div style="text-align: center;">FL</div>	Zip Code*: <div style="text-align: center;">32653</div>	Country (if not USA): <div style="text-align: center;">N/A</div>
E-Mail*:			
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 _____			
Comments:			
8. Facility Operator (List additional Operators in the comments section). Same address as # <u> 7 </u> above or:			
Name of Operator*:		Date became Operator*: ____/____/____ <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):			
(1) Generator of Hazardous Waste			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This does not include Universal Waste or Used Oil)			
If YES, Choose only one of the following three categories.			
<input checked="" type="checkbox"/> a. Large Quantity Generator (LQG):			
<ul style="list-style-type: none"> - Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material. 			
<input type="checkbox"/> b. Small Quantity Generator (SQG):			
<ul style="list-style-type: none"> - 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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material. 			
<input type="checkbox"/> c. Very Small Quantity Generator (VSQG):			
<ul style="list-style-type: none"> - Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste. 			
In addition, indicate other generator activities that apply.			
<input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)			
<input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator			
<input type="checkbox"/> f. United States Importer of hazardous waste			
<input type="checkbox"/> g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)			
<input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG (Addendum B Required)			
<input type="checkbox"/> i. Electronic Manifest Broker , as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):

For Items 3 through 9, mark 'X' in all that apply.

- (2) **Treater, Storer, or Disposer of Hazardous Waste** (at your facility—Choose Only One) 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 (HSWA, etc.)

- (3) ☐ **Recycler of Hazardous Waste** (at your facility)

Specify: ☐ Commercial ☐ Non-Commercial

Specify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit may be 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 Very Small Quantity 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**

- (8) ☐ **Recognized Trader**— Mark all that apply

☐ a. Importer

☐ b. Exporter

- (9) ☐ **Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G**— Mark all that apply

☐ a. Importer

☐ b. Exporter

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 must 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, items 9 and 10 should be left blank and items 12-16 skipped):**(A) Central Accumulation Area (CAA) or Facility Closed:**

☐ Central Accumulation Area (CAA)

☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(B) Closure Dates:

☐ (1) Expected closure date _____ (date in mm/dd/yyyy)

☐ (2) Requesting new closure date _____ (date in mm/dd/yyyy)

☐ (3) Date of closure: _____ (date in mm/dd/yyyy)

☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)

☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

(C) Property Tax Default ☐

(D) Petition for Bankruptcy Protection ☐

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			
<input checked="" type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time)			
Accumulates: <input checked="" type="checkbox"/> a. UW Batteries <input checked="" type="checkbox"/> b. Pesticides <input checked="" type="checkbox"/> c. Pharmaceuticals			
<input checked="" type="checkbox"/> d. Mercury Containing Devices <input checked="" type="checkbox"/> e. Mercury Containing Lamps			
<input type="checkbox"/> 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 notification			
<input checked="" type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)			
<input checked="" type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated (at any one time)			
<input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR])			
<input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter			
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., F.A.C. (please contact FDEP first).			
If you <u>only</u> 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 Mercury Transporter/Handler <u>for-hire</u> Activities			
<input type="checkbox"/> 1st Annual Registration <input checked="" type="checkbox"/> Annual Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached			
<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices		Annual Registration Required	
<input checked="" type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices			
<input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler			
<input checked="" type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler			
<input type="checkbox"/> Mercury-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 - More Requirements (contact FDEP)	
<input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler			
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)		Annual Registration Required	
<input type="checkbox"/> 1st Annual Registration <input type="checkbox"/> Annual Renewal			
Briefly Describe your Universal Waste Activities:		<input type="checkbox"/> We use Drum Top Bulb Crusher(s).	
Perma-Fix of Florida, Inc. is a universal lamp and device transporter 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) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)] F.A.C.			

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 as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.

Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

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: (as listed in Item 3) 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 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.):]

C. 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 facility 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 facility'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. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐

a. College or University

☐

b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐

c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)

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. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.

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. UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (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) ☐ Used Oil Re-refiner (A permit is required.)

(5) ☐ Off-Specification Used Oil Burner
☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace

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

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

☒ a. Transporter

☒ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User (see instructions for definition)

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

☐ Our mailing (business) address (as listed in Item 4)

☒ The site (facility) address (as listed in Item 3)

(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

- ALL registered UO transporters 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 19 (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.

17. Notification of Hazardous Secondary Material (HSM) Activity

(1) ☐ Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)

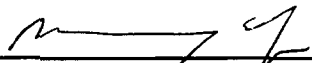
(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. (Addendum C Required)

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

See attachment A from Facility Part B permit for list of additional waste codes handled at the facility.

19. 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 known 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:**Date Signed (mm-dd-yyyy):**

02/22/2022

Print Name (First, Middle Initial, Last):

Randy Self

Title:

General Manager

Organization:

Perma-Fix of Florida, Inc.

Used Oil ☒**Email:**

rself@perma-fix.com

Signature of owner, operator, or an authorized representative:**Date Signed (mm-dd-yyyy):****Print Name (First, Middle Initial, Last):****Title:****Organization:****Used Oil** ☐**Email:**

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)

PERMITTEE: Perma-Fix of Florida, Inc.
I.D.NUMBER: FLD 980 711 071

PERMIT NUMBER: 17680-011-HO
EXPIRATION DATE: June 8, 2020

ATTACHMENT A-PERMITTED WASTE CODES FOR STORAGE AND TREATMENT (EXCEPT FOR TANK STORAGE)

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

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 Insurance America, Inc.

(Name of Insurer)

(the "Insurer"), of 70 Seaview Ave UNIT 6, Stamford, CT 06902

(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD 98071107	Perma-Fix of Florida, Inc.	1940 NW 67th Place, 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 AEC004445107, issued on 09/01/2021.
(date)

The effective date of said policy is 09/01/2021 and the expiration date of said policy is 09/01/2022.
(date)

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

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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.

Joe Catanese Digitally signed by Joe Catanese
Date: 2021.09.01 09:52:36 -04'00'

(Signature of Authorized Representative of Insurer)

Joseph S. Catanese

(Typed name)

Vice President

(Title)

Authorized Representative of

XL Insurance America, Inc.

(Name of Insurer)

505 Eagleview Blvd, Suite 100, Exton, PA, 19341-0636

(Address of Representative)

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. Indian Harbor Insurance Company

(Name of Insurer)

(the "Insurer"), of 70 Seaview Ave UNIT 6, Stamford, CT 06902

(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD 98071107	Perma-Fix of Florida, Inc.	1940 NW 67th Place, 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 \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____ (date).

The effective date of said policy is _____ and the expiration date of said policy is _____ (date).
is _____ (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000 for each accident in excess of the underlying limit of \$ 10,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number UEC004445207, issued on 09/01/2021 (date). The effective date of

said policy is 09/01/2021 (date) and the expiration date of said policy is 09/01/2022 (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.

Joe Catanese

Digitally signed by Joe Catanese
Date: 2021.09.01 09:50:11 -04'00'

(Signature of Authorized Representative of Insurer)

Joseph S. Catanese

(Typed name)

Vice President

(Title)

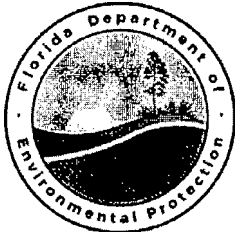
Authorized Representative of

Indian Harbor Insurance Company

(Name of Insurer)

505 Eagleview Blvd, Suite 100, Exton, PA, 19341-0636

(Address of Representative)



Florida Department of Environmental Protection

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

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Ryan E. Matthews
Interim 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 1940 NW 67th Place Gainesville, FL
Facility Name Street Address City and State
352-373-6066 352-372-8963 tanderson@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. 41,810
Types: Fluorescent ☐ HID ☐
- Estimated number of DEVICES handled during the last calendar year. 2905
Types: Thermostats ☒ Electric Switches/Relays ☐
Thermometers ☐ Manometers ☐ Other ☒ Capacitors
- Estimated weight of DEVICES handled during the last calendar year. 11,620 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.

41,810 LEI Hennepin, La
Number ☒ L ☐ D Facility Name City/State Phone

2905 LEI Hennepin, La
Number ☐ L ☒ D Facility Name City/State Phone

Veolia Technical Solutions Tallahassee FL 866-877-8299
Number ☒ L ☒ D Facility Name City/State Phone

TAYLOR ANDERSON [Signature] 2/22/22
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 Glen Perrigan at (850) 245-8749 or via e-mail at Glen.Perrigan@dep.state.fl.us.

Thank you for your cooperation in providing this information.



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 12/2019
Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Used Oil handlers are any person(s) subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 8 below.)

For the reporting period January 1, 2021 through December 31, 2021

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. Site Address: 1940 NW 67th Place, Gainesville FL, 32653

3. Telephone No: 352-373-6066 ☐ Check box if any of the above items (1-3) have changed since your last registration.

4. EPA ID No. FLD980711071 5. Name of person preparing report (please print) Taylor Anderson

6. Title: ECS 7. Phone number (if different from #3, above) 352-395-1347

8. Type of operation (check all that apply): 9. Email Address: tanderson@perma-fix.com

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor

☒ Marketer: ☒ On Spec ☒ Off Spec

☐ Burner (off-specification used oil): ☐ Industrial Furnace ☐ Industrial Boiler ☐ Utility Boiler ☐ Heater

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS). SEE DIRECTIONS BELOW

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixed	Total
a. In Florida	600	5,296	1,890	7,786
b. From out of State	100	500	400	1,000
c. Beginning Inventory				29,231
d. Total (sum of totals from Lines a + b + c)				38,017

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)	In State	Out of State
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	7,786	1,000
3. Total amount (in gallons) of Used Oil managed	7,786	1000
4. End of year, on hand estimate (difference between Line 1d and Line 3)		38,017

DIRECTIONS FOR SECTION B

- Enter the amount of Used Oil or Oily Waste collected in gallons for type code: Automotive, Industrial, and Mixed.
 - In State
 - from Out of State
 - Beginning Inventory from last year's ending amount
 - Enter the total sum of lines a + b + c
- Enter the amount of used oil managed by your facility by end use code (N, O, F, I, B, and D).
- Enter total amount in gallons of Used Oil managed.
- Enter the end-of-year on hand amount (difference between Line 1d and Line 3).

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

- Enter the number of Used Oil Filters on hand, from previous year's inventory.
- Enter the number of Used Oil Filters collected.
- Enter the sum of Line 1 + Line 2.
- Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- Enter the number of filters on hand at your site as of December 31, last year.
- Fill in the number of gallons of used oil collected by your filter operation.
- Enter the number of gallons transferred to a used oil transporter or processor.
- 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.
- Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

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