



MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230

410-537-3000 • 1-800-633-6101

Martin O'Malley
Governor

Robert M. Summers, Ph.D
Acting Secretary

Anthony G. Brown
Lieutenant Governor

March 7, 2011

Received

MAR 14 2011

BSHW

Dept. of Environmental Protection
Bob Martinez Center
Attn: Tim Bahr, MS 4560
Hazardous Waste Regulations Section
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RE: Perma-Fix of Florida
1940 NW 67th Place
Gainesville, FL 32653

RECEIVED
RCRA

MAR 14 2011

Hazardous Waste Regulation

Dear Mr. Bahr:

In accordance with Maryland regulations, COMAR 26.13.04 Standards Applicable to Transporters of Hazardous Waste, a person may not transport a Controlled Hazardous Substance (CHS) to a facility within the State of Maryland or from a source within the State of Maryland unless the person obtains a certificate from the Department. When our Department receives an application from a person who intends to transport wastes to a facility outside of Maryland or an out-of-state transporter who wishes to deliver waste to a Maryland facility, it is our policy to notify that State before issuing a permit.

We would appreciate your review of the attached application and, if your Department has any objections to the applicant being issued a permit by the Maryland Department of the Environment, that you notify us in writing or via telephone at (410) 537-3350 within ten (10) days.

Thank you for your cooperation.

Sincerely,

Deborah Ford
Technical Services and Operations Program

DF:dlf

Enclosure: Cited

cc: Mr. Horacio Tablada
MD CHS Hauler File HWH 682

MAR 14 2011

Hazardous Waste Regulation

TECHNICAL SERVICES and OPERATIONS PROGRAM

APPLICATION FOR CERTIFICATION AS A CONTROLLED HAZARDOUS SUBSTANCES HAULER

Received

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FEB 24 2011

Technical Services and Operations

BSHW

(PLEASE PRINT OR TYPE - ATTACH ADDITIONAL SHEETS IF NECESSARY)

INCOME TAX IDENTIFICATION NUMBER
PRINT NUMBER HERE


1. Name of Business PERMA-FIX OF FLORIDA
 - a. Mailing Address 1940 NW 67th PLACE
City GAINESVILLE State FL Zip 32653
 - b. Site Address SAME AS ABOVE
City _____ State _____ Zip _____
 - c. E-mail Address Kfogleman@perma-fix.com
 - d. FAX Number (352) 372-8963
 - e. US DOT and/or ICC Number 1005731
2. Maryland Resident Agent: (requirement of all out-of-state companies)
Name: AXA ENVIRONMENTAL Telephone: (410) 636-3700
Address 1500 CARBON AVE.
City BALTIMORE State MD Zip 2126
3. EPA ID No. FLD980711071 4. MD Hauler No. 4WH682
5. Telephone Number (352) 373-6066
6. Business Owner(s) LOUIS CENTOFANI
7. Number of vehicles involved in CHS Transportation 1
8. Is Business subject to 49 CFR 387? (If yes include a copy of MCS-90; if no, you must include a \$50,000 surety bond with application)
9. a. Check the type(s) of waste that will be transported:

Bulk Solid _____	Containerized _____
Bulk Liquid <u>✓</u>	Other _____
Sludge <u>✓</u>	
- b. Check the hazard class(es) (as defined in 49 CFR Part 173) which will be transported:

1 - Explosives _____	6 - Poisons _____
2 - Compressed Gases _____	7 - Radioactive _____
3 - Flammable liquids <u>✓</u>	8 - Corrosives <u>✓</u>
4 - Flammable Solids/Spontaneously Combustible/Dangerous When Wet _____	9 - Miscellaneous Hazardous Materials <u>✓</u>
5 - Oxidizer/Organic Peroxides <u>✓</u>	10 - Combustible Liquids <u>✓</u>
	11 - Other (Specify) _____

10. Quantity (estimated) of CHS to be transported per month 7000 gallons _____ curies _____ pounds/tons
11. Sources of CHS (include customer list)(new applicants, list types of industries that you will be targeting) ADCO, MACTEC, DEPARTMENT OF ENERGY, DEPARTMENT OF DEFENSE, RADIAC, NSSI
12. Destination of shipments (include facility name, address, EPA ID Number and telephone number for each site) CLEAN HARBORS OF BALTIMORE INC., 1910 RUSSELL STREET, BALTIMORE, MD 21230
EPA ID MDD 480 555 189 (410) 685-3061
- Attach additional sheets, if necessary.
13. Are you certified to transport hazardous waste in any other state? YES
If "yes", identify state, certification numbers, and years permitted. Attach additional sheets, if necessary. TENNESSEE RADIOACTIVE LICENSE FOR DELIVERY T-FL004-106 2010-2011 UTAH GENERATOR SITE ACCESS PERMIT 0712001230/0112001231 2010-2011
14. Have you ever had a hazardous waste permit or certificate revoked or suspended in Maryland? NO If yes, please explain _____
15. Have you ever been penalized for violation of any federal or state environmental law or regulation? YES If yes, please explain 2005 SUBPART BB TESTING VIOLATION
16. Are you in compliance with Maryland's Motor Fuel Tax regulations found in COMAR, Title 03, Subtitle 03, Chapter 04 and IFTA? YES
17. Complete the enclosed application(s) for each vehicle used to transport CHS.

CONDITIONS FOR ISSUANCE

As a condition of this certification, I agree to comply with the provisions of the Environment Article, Section(s) 7-249 through 7-252, Annotated Code of Maryland and COMAR 26.13 and agree to: (1) secure a bond of not less than \$50,000 according to the provisions of the regulation COMAR 26.13.04.04 for the purpose of indemnifying the State for abatement of pollution resulting from the improper transportation or spill of CHS or provide a copy of MCS-90; (2) provide a copy of the manifest supplied by the waste generator to the operator of the facility; (3) demonstrate and comply with the Department of Transportation regulations for vehicles and containers, COMAR 11.16 and 11.21; 49 CFR, Parts 100-180 and 350-399 as applicable; (4) allow the Director of the Land Management Administration and his authorized representatives upon the presentation of credentials to enter and inspect vehicles, contents of containers, and all records relating to the transportation of CHS; (5) transport CHS from a source within the State or to a facility in the State only in certified vehicles operated by a certified driver; (6) report periodically, on a form prescribed by the Program, the source, disposal destination, volume, and nature of the CHS transported; (7) pay a yearly fee for certification of \$50.00 per vehicle used for hauling CHS; and (8) not transport any low-level nuclear waste unless the receiving low-level nuclear waste facility has been notified and has indicated its capability and willingness to take the low-level nuclear waste.

I certify that the above-referenced information is correct and complete to the best of my knowledge. Additionally, I will notify the Department within 30 days of any changes in the information contained within this application.

NAME KURT FOGLEMAN TITLE EH&S MANAGER

SIGNATURE [Signature] DATE 01 FEB 2011