



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

February 21, 2024

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

BE IT KNOWN THAT

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

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Marketer, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
For regulatory guidance, go to:
http://www.dep.state.fl.us/waste/categories/used_oil/default.htm
The Department of Environmental Protection hereby issues
Registration Number **FLD980711071** on February 21, 2024
Transporter Type: **FH**

This registration will expire on 6/30/2025

This certificate documents receipt of your annual registration
and annual report. It shall be displayed in a prominent place
at your facility. This certificate and your cancelled check
are your receipts.

A handwritten signature in black ink that reads "Janet K. Ashwood".

Janet Ashwood
Environmental Consultant
Waste Compliance Assistance Program



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)

DIVISION OF WASTE MANAGEMENT
23 NOV 7 AM 10:24:24

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) [X] UW Mercury (see page 4) [X] HW Transporter (see page 5) [X] 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)*:

4. Facility or Business Mailing Address:

[X] 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*: VP / 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):

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*: Perma-Fix of Florida, Inc.			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*: 352-373-6066		
City or Town*: Gainesville		State*: FL	Zip Code*: 32653	Country (if not USA):	
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 #___ 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):					
- 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):					
- 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):					
- 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 (HISWA, 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 maybe 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**

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.).

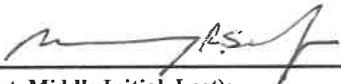
The used oil annual report is attached

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)**

Required signature page		EPA ID No.*	FLD980711071
18. Comments (attach a page if more space is needed):			
See Attachment A from facility's RCRA Part B permit for the 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.			
<input checked="" type="checkbox"/> 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):	
		10-26-2023	
Print Name (First, Middle Initial, Last):		Title:	
Randy R. Seif		VP / General Manager	
Organization:		Used Oil <input checked="" type="checkbox"/>	
Perma-Fix of Florida, Inc.			
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 <input type="checkbox"/>	
Email:			
If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:			
Violet Riley		352-395-1355	vriley@perma-fix.com
(Name of person completing this form)		(Phone Number)	(E-mail Address)

**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 505 Eagleview Boulevard Suite 100 Exton, PA 19341-0636
(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/DISID 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 AEC004445109, issued on 09/01/2023.
(date)

The effective date of said policy is 09/01/2023 and the expiration date of said policy is 09/01/2024.
(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)

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

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

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



(Signature of Authorized Representative of Insurer)

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)

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

1. Indian Harbor Insurance Co.
(Name of Insurer)
(the "Insurer"), of 505 Eagleview Boulevard Suite 100 Exton, PA 19341-0636
(Address of Insurer)

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

Perma-Fix of Florida, Inc.
(Name of Insured)
(the "Insured"), of 1940 NW 67th Place, Gainesville, FL 32653
(Physical Address of Insured)

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

 EPA/DEP I.D. No.	Name	Physical Address
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 _____ (date) and the expiration date of said policy is _____ (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 for each accident in excess of the underlying limit of \$ 4,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number UEC004445209, issued on 09/01/2023 (date). The effective date of said policy is 09/01/2023 (date) and the expiration date of said policy is 09/01/2024 (date).

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

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

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



(Signature of Authorized Representative of Insurer)

Joseph S. Catanese

(Typed name)

Vice President

(Title)

Authorized Representative of

Indian Harbor Insurance Co.

(Name of Insurer)
505 Eagleview Boulevard
Suite 100 Exton, PA 19341-0636

(Address of Representative)



DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEP Form #62-710.901(3)
 Form Title Annual Report by Used
 Oil and Used Oil Filter Handlers
 Effective Date 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, 2023 through December 31, 2023

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

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) Violet Riley

6 Title Environmental Compliance Specialist 7 Phone number (if different from #3, above) 352-395-1355

8 Type of operation (check all that apply) 9 Email Address vriley@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		15,793		15,793
b. From out of State		4,746		4,746
c. Beginning Inventory				1816
d. Total (sum of totals from Lines a + b + c)				22,355

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	17,004	4,746
3 Total amount (in gallons) of Used Oil managed	17,004	4746
4. End of year, on hand estimate (difference between Line 1d and Line 3)	605	

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.