Application for Hazardous Waste Generator and Storage Permit

A Hazardous waste generator is required to apply for an annual hazardous waste permit and abide by the requirements of Title 19 Chapter 56 section 1560-501. The initial permit fee is $150.00. Permit expires December 31st of each year. Please submit the completed form to DPNR-DEP.

A. General Information

1. Type of facility:
   - Disposal
     - a) landfill [ ]
     - b) surface impoundment [ ]
     - c) land treatment [ ]
     - d) miscellaneous units [ ]
   - Storage
     - a) containers [ ]
     - b) piles [ ]
     - c) containment building [ ]
     - d) tanks [ ]
     - e) surface impoundment [ ]
     - f) miscellaneous units [ ]
   - Treatment
     - a) tanks [ ]
     - b) Incineration [ ]
     - c) miscellaneous units [ ]
     - types of units [ ]
     - d) piles [ ]
     - e) surface impoundment [ ]
     - f) boiler/industrial furnace [ ]
     - types of unit [ ]

2. Application for (choose one): _____ New Permit _____ Renewal Permit

3. Facility Name: _________________________________________________________________

4. EPA I.D. No. _________________________________________________________________

5. Facility Address: __________________________________________ Street __________ City _____ State _____ Zip Code

6. Contact Person: ____________________________________________________________ Telephone (___)_____________

7. Name of Facility Owner: ____________________________________________________

8. Mailing Address of Facility Owner: __________________________________________

9. Business Phone: (___)_____________________________ 24 Hour Emergency Phone: (___)_____________________________
10. Contact person_________________________________________________Telephone___(____)_________________________________

Title____________________________________________________________________________________________________

Mailing Address:__________________________________________________________________________________________

Street     City  State          Zip Code
11. Operator’s Name:  _______________________________________________Telephone___(___)_________________________________

12. Operator’s Address:_______________________________________________________________________________________________

Street     City  State          Zip Code
13. Name of Property Owner:  __________________________________________________________________________________________

14. Mailing Address of Property Owner:__________________________________________________________________________________

Street     City  State          Zip Code
15. Legal structure: [ ] Corporation  [ ] Non-profit Corporation  [ ] Partnership  [ ] Individual
[ ] Local Government  [ ] State Government  [ ] Federal Government  [ ] Other

16. If an individual, partnership, or business is operating under an assumed name, specify the district where the name is registered.

17. Method of removal (Check one):_____1.  By Applicant, to where:  _________________________________________________________

_____2. By transporter, company name:_____________________________________________________

18. Maximum amount of hazardous waste generated during any 30-day period:    _______________lbs.

19. Branch Offices :  ____Yes    ___No    If yes, attach sheet with complete name, address and phone number of branch office(s)

Check type of waste generated:

<table>
<thead>
<tr>
<th>01. Medical Infectious Waste</th>
<th>07. Contaminated Sludge from Sewage or Water Supply Treatment Plant</th>
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</thead>
<tbody>
<tr>
<td>02. Non-Hazardous Industrial/ Commercial</td>
<td>08. Non-Residential Raw Sewage or Sewage-Contaminated Waste</td>
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<tr>
<td>03. Waste Tires</td>
<td>09. Hazardous Industrial/Commercial (EPA #ID required)</td>
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<tr>
<td>04. Asbestos</td>
<td>10. Contaminated Waste Oil</td>
</tr>
<tr>
<td>05. Petroleum Contaminated Soil</td>
<td>11. Low-Level Radioactive Waste</td>
</tr>
<tr>
<td>06 Grease Trap Wastes</td>
<td>12. Other</td>
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The information contained in this application, which serves as a basis for permitting is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is ground for denial, administrative fine or revocation of the infectious waste permit. Infectious medical waste shall be handled within the facility in accordance with the generator’s written operating plan.

___________________________________________ _______________________________________________      ____________
Signature of Authorized Representative         Name of Authorized Representative (print or Type)                   Date