

## GOVERNMENT OF THE U.S. VIRGIN ISLANDS DEPARTMENT OF PLANNING & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL PROTECTION

**Telephone:** (340) 773-1082 / 774-3320

Fax: (340) 773-9310

<b>DPNR use only</b> : Payment Type	CheckCash
Date Received	Receipt No
Permit No	Date Issued

## **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 31<sup>st</sup> 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 Pe	ermit	Renewal Permit
3.	Facility Name:		
4.	EPA I.D. No.		
5.	Facility Address:Street		
6.	Contact Person:		City State Zip CodeTelephone()
7.	Name of Facility Owner:		
8.	Mailing Address of Facility Owner:		
9.	Business Phone:()		24 Hour Emergency Phone:()

Date

10.	Contact person			_Telephone			
	Title						
	Mailing	Address: Street					
		Street			City	State	Zip Coo
11. (	Operator's Name:			Telephone	()		
12. (	Operator's Addres	Street			C:	G, ,	7. 0
13. 1	Name of Property	Owner:			City	State	Zip Coo
14. N	Mailing Address o	of Property Owner:					
	-	Street			City	State	Zip Coo
15. I	Legal structure:	[ ] Corporation [ ] Local Government	[ ] Non-profit Corporation [ ] State Government	on	[ ] Partners	hip Government	[ ] Individua [ ] Other
			nsporter, company name:				
18. N 19. I	Maximum amoun	2. By training to f hazardous waste generatedYesNo If yes, att	nsporter, company name:d during any 30-day period:		lbs.		
18. N 19. I	Maximum amount Branch Offices: k type of waste ge	2. By training to f hazardous waste generatedYesNo If yes, att	nsporter, company name:	me, address an	lbs.		office(s)
18. N 19. I	Maximum amount Branch Offices: k type of waste ge 01. Medical In	2. By training the control of hazardous waste generatedYesNo If yes, attornerated:	ach sheet with complete nate the complete nate of t	me, address an	lbs.  Ibs.  Ibs.	nber of branch o	office(s)
18. N 19. I	Maximum amount Branch Offices: k type of waste ge 01. Medical In	2. By train2. By train2. By train2 for hazardous waste generatedYesNo If yes, attended:  Infectious Waste	ach sheet with complete nature and the sheet with the sh	me, address and animated Sludgement Plant esidential Rawe-Contaminat ous Industrial	lbs.  Ibs.  Ibs.	nber of branch of	office(s)
18. N 19. I	Maximum amount Branch Offices: k type of waste ge 01. Medical In 02. Non-Hazard	2. By train2. By train2. By train2 for hazardous waste generatedYesNo If yes, attended:  Infectious Waste	ach sheet with complete nature of the complet	me, address an innated Sludge nent Plant esidential Raw	lbs.  Ibs.  Ibs.	nber of branch of	office(s)
18. N 19. I	Maximum amount Branch Offices: k type of waste ge  01. Medical In  02. Non-Hazard  03. Waste Tire  04. Asbestos	2. By train2. By train2. By train2 for hazardous waste generatedYesNo If yes, attended:  Infectious Waste	ach sheet with complete nature of the complet	me, address and animated Sludge ment Plant esidential Raw e-Contaminat ous Industrial ID required)	lbs.  Ibs.  Ibs.	nber of branch of	office(s)

Name of Authorized Representative (print or Type)

Signature of Authorized Representative