

GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF PLANNING AND NATURAL RESOURCES **DIVISION OF ENVIRONMENTAL PROTECTION**

45 MARS HILL FREDERIKSTED, ST. CROIX, VI 00840 PHONE: (340) 773-1082, FAX: (340) 773-9310

USED OIL PERMIT APPLICATION

(Please read instructions carefully)					
Check the permit(s) applying for:					
□ TO GENERATE USED OIL □ TO STORE USED OIL					
Section I - Facility Name, Address, and Hours of Operation					
Name of business or Government entity:					
Type of business:					
Mailing address:					
Provide the physical address where used oil will be generated and/or stored.					
Physical address:					
This box must be completed by applicant:					
The constant of the constant					
Tax assessor's ID number:					
EPA ID number:					
VI Business license (DLCA) number:					

BUSINESS OPERATION

Telephone:	Fax:
List names of all on-site managers and/or ope	erators of facility.
1	Duty hours:
2	Duty hours:
3	Duty hours:
List at least three emergency contact(s) and	their physical addresses:
1	
2	
Emergency telephone no(s)/beeper no(s):	
Hours of operation of facility:	
Section II – Ownership Information	
CORPORATE OFFICIALS	
President:	
Telephone/fax nos:	
Address:	
Resident agent:	
Telephone:	Fax:
Address:	

OWNER OF BUSINESS

(Please provide the name(s) of the	ne business owner(s), if different from the	e corporate officials.)
Type of Ownership (ie. Corporation	on, Sole Proprietorship, etc.)	
Name: Last	First	M.I
Provide the owner's mailing addr	ess in the spaces provided below:	
Mailing address:		
	ne facility owner, if different from the mai	
Physical address:		
PROPERTY OWNER		
Please provide the name of the p	property owner, if different from the facilit	y owner.
Mailing Address:		
Telephone:	Fax:	
FACILITY CONTACT		
Name: Last	First	M.I
Mailing address:		
Physical address:		

Section III - Other Related Information

OTHER ENVIRONMENTAL PERMITS Permit Number (s): Description _____ NATURE OF BUSINESS (Provide a brief description of activities conducted.) **Section IV - Generated Waste Information** Source(s) of used oil: Type of oil: Point of Generation: 1. Engine oil Hydraulic Oil 2. Crankcase Oil Other (Identify by 3. Name) Quantity of used oil generated per month: Quantity of used oil stored per month: Quantity of used oil that is generated by others but added to your used oil. Quantity of used oil stored on site at time of application: Type and capacity of storage containers: Capacity Type 2 2 3. 3. Location of storage containers: Description of storage area: Enter # of Wks Frequency of Off-site Shipments: Check box or Months Monthly (Please check the appropriate box at right, and enter the appropriate number of weeks or months.) Every Week(s) Every Month(s) Annually Other: Attach to application a copy of plot plan detailing location of storage area.

Is this facility a "Do It Yourselfer": (DIY) used oil collection center? Yes _____ No____

USED OIL SHALL BE STORED IN TANKS AND CONTAINERS, AS REQUIRED BY PART 279 OF TITLE 40 OF THE CODE OF FEDERAL REGULATIONS (CFR) ALL STORAGE TANKS AND CONTAINERS SHALL BE CLEARLY LABELED "USED OIL" AND LOCATED WITHIN A SECONDARY CONTAINMENT AREA WITH AN IMPERVIOUS BASE THAT SHALL HAVE A CAPACITY OF NO LESS THAN 110% OF THE CAPACITY OF LARGEST TANK OR CONTAINERS WITHIN THE STORAGE AREA.

IMPORTANT: YOU ARE REQUIRED TO REPORT OIL LEAKS AND SPILLS TO THE DEPARTMENT OF PLANNING AND NATURAL RESOURCES. ALL PETROLEUM SPILLS INTO U.S. AND V.I. WATERS MUST BE REPORTED TO THE U.S. EPA, THE U.S. COAST GUARD AND THE DEPARTMENT OF PLANNING AND NATURAL RESOURCES/DEP.

A Spill Prevention, Control and Countermeasure (SPCC) Plan, as defined and outlined in 40 CFR Part 112, may be required for your operation if either of the following applies.

Please read the questions in the boxes below, and check the appropriate response.				
Is any single container or tank on site designed to store greater than 600 gallons?	Yes	No		
Does your facility currently stores or anticipates accumulating more than 1320 gallons of used oil at any given time?	Yes	No		
NOTE: If an SPCC plan is required, you must list separately, all spill containment and cleanup equipment and supplies that are available on site.				

PLEASE NOTE THAT ALL INFORMATION BEING PROVIDED IN THIS APPLICATION WILL BE USED IN DETERMINING YOUR ABILITY TO PROCURE A PERMIT. THEREFORE, THE INFORMATION MUST BE TRUE AND ACCURATE.

APPLICANT AGREES TO ABIDE BY ALL PROVISIONS OF THE PERMIT, WHICH IS ISSUED PURSUANT TO THIS APPLICATION, AND WILL PROMPTLY INFORM THIS DIVISION OF ANY CHANGES OR MODIFICATIONS TO THE INFORMATION FURNISHED HEREIN.

S	nature of Applicant:				
If applicant is a corporate officer who is signing on behalf of a corporation please attach appropriate corporate resolution authorizing same.)					
	Do Not Write in This Box FOR OFFICIAL USE ONLY				
	Date Received Permit No. issued: New Permit				
	Date Issued				