



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Materials Management Division

**Operating License Application Form for  
Hazardous Waste Treatment, Storage, and Disposal Facilities**

Required under authority of Part 111, Hazardous Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Failure to submit this information may result in civil or criminal penalties.

**Note:** Copies of the current EGLE Site Identification Form, EQP5150, and the EPA Part A Permit Application Form, 8700-23, must be submitted with this application.

**1. Facility Site ID Number**

Facility Site ID Number: \_\_\_\_\_

**2. Facility's Legal Owner**

A. Name: \_\_\_\_\_

B. Street or P.O. Box: \_\_\_\_\_

C. City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

D. Phone Number: \_\_\_\_\_

E. Owner Type: \_\_\_\_\_

F. Ownership Change:  Yes  No  N/A Date: \_\_\_\_\_

**3. Facility Operator**

A. Name: \_\_\_\_\_

B. Street or P.O. Box: \_\_\_\_\_

C. City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

D. Phone Number: \_\_\_\_\_

E. Operator Type: \_\_\_\_\_

F. Operator Change:  Yes  No  N/A Date: \_\_\_\_\_

#### 4. Titleholder of Land

- A. Name: \_\_\_\_\_
- B. Street or P.O. Box: \_\_\_\_\_
- C. City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
- D. Phone Number: \_\_\_\_\_

#### 5. Operating License Application

Check the appropriate box under either A or B (select only one box).

##### A. Operating License Application

First Application for \*Existing

- Place an "X" here if application is for a facility that has not been previously licensed in Michigan to treat, store, or dispose of hazardous waste and has interim status pursuant to 40 CFR §270.70.

Renewal Application for \*Existing

- Place an "X" here if renewal application for a facility that was previously licensed in Michigan to treat, store, or dispose hazardous waste and whose hazardous waste operations have not had any new construction or been altered, enlarged, or expanded.

Application for Modification of License

- Place an "X" here if application is for a license modification.

First Application for Research, Development, and Demonstration (RDD) License

- Place an "X" here if application for a temporary license for RDD.

Renewal Application for RDD License

- Place an "X" here if application for the renewal of a temporary license for RDD.

##### B. Operating License Application for New, Altered, Enlarged, or Expanded Facility

First Application

- Place an "X" here if application is for a new facility or a facility that wishes to alter, enlarge, or expand its hazardous waste operations.

For existing facilities, provide date operation began.

Date: \_\_\_\_\_

For RDD activities, provide the date RDD began or expected to begin.

Date: \_\_\_\_\_

For new, altered, enlarged, or expanded facilities, provide date expected construction to begin.

Date: \_\_\_\_\_

**\*Existing Facility** means a hazardous waste treatment, storage, or disposal facility (TSDF) that either received all necessary state-issued environmental permits or licenses before January 1, 1980, or for which approval of construction was received from the Air Pollution Control Commission before November 19, 1980, or before promulgation of new federal rules that caused the facility to become subject to regulation as a TSDF. Existing facilities also include TSDFs that were operating before January 1, 1980, under existing authority, or before promulgation of new federal rules that caused the facility to become subject to regulation as a TSDF and that did not require state-issued environmental permits or licenses.

## 6. Operating License Application Fees

- |   |          |
|---|----------|
| A. <input type="checkbox"/> Operating License Application Fixed Fee:  | \$500    |
| B. <input type="checkbox"/> Additional License Application Fees for New, Altered, Enlarged, or Expanded Facility: | \$25,000 |

Check type of facility:

- |  |          |
|--|----------|
| <input type="checkbox"/> Land Disposal (\$9,000)                   | \$ _____ |
| <input type="checkbox"/> Incineration or Other Treatment (\$7,000) | \$ _____ |
| <input type="checkbox"/> Storage (\$500)                           | \$ _____ |
| Total Operating License Fee:                                       | \$ _____ |

**Note:** Checks shall be made payable to the "State of Michigan" and the state accounting code "HWOL" written in the memo portion. Checks shall be mailed to EGLE, Cashier's Office, P.O. Box 30657, Lansing, Michigan 48909-8157, with a copy of payment included with application that is mailed to the EGLE, MMD, P.O. Box 30241, Lansing, Michigan 48909-7741.

## 7. Existing Environmental Permits

Attach copies of each as proof of issuance.

A. NPDES (Discharges to Surface Water) Permit Number: \_\_\_\_\_

B. UIC (Underground Injection of Fluids) Permit Number: \_\_\_\_\_

C. RCRA (Hazardous Waste) Permit Number: \_\_\_\_\_

D. PSD (Air Emissions From Proposed Sources) Permit Number: \_\_\_\_\_

E. Other (specify below) Permit Number: \_\_\_\_\_

## 8. Nature of Business

Provide a brief description below.

## 9. Map

Attach to this application a topographic map of the area extending at least one mile beyond the property boundaries. The map must show the legal boundaries of the facility; the location of each of its existing and proposed intake and discharge structures; each of its hazardous waste treatment, storage, or disposal facilities, including the location of all processes listed in Items XII and XIII identified by process code; and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area, plus all drinking water wells within a quarter mile of the facility that are identified in the public record or otherwise known to you. (see instructions for specific requirements)

## 10. Facility Drawing

All existing facilities must include a scale drawing of the facility showing the property boundaries of the facility; the areas occupied by treatment, storage, or disposal operations that will be used during interim status; the name of each operation (drum storage area, etc.); areas of past TSD operations; areas of future TSD; and the approximate dimensions of the property boundaries and all TSD areas. Where applicable, use the process codes listed in Items XII and XIII to indicate the location of all TSD. This drawing should fit on an 8.5 by 11-inch sheet of paper.

## 11. Photographs

All existing facilities must include photographs that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. Use the process codes and descriptions in Items XII and XIII to indicate the location of all TSD areas. Indicate the date of the photograph on the back of each photograph. Photographs may be in color or black and white, aerial or ground level.

## 12. Process Codes and Design Capacities

See instructions.

Line Number	A. Process Code (from list)	B.1. Process Design Capacity - Quantity	B.2. Process Design Capacity – Unit of Measure	For Official Use Only
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

C. Additional Process Codes or Description of Non-Listed Processes (Codes “S99” and “T04”).

**13. Description of Hazardous Wastes**

Line Number	A. Hazardous Waste Number (enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D.1. Process Codes (enter code)	D.2. Process Description (if no code entered in D.1.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Attach additional pages if needed.

## 14. Other Required Attachments

### A. General Information (each item should be a separate attachment to the application)

1. General facility description.
2. Chemical and physical analyses\*
3. Waste Analysis Plan\*
4. Security procedures and equipment
5. Inspection schedules\*
6. Preparedness/prevention or waiver\*
7. Contingency Plan\*
8. Traffic information
9. Location information
10. Personnel training program\*
11. Closure and Postclosure (C/PC) Plan\*
12. C/PC cost estimates\*
13. Topographic map
14. Liability mechanism
15. Financial assurance instrument

\*Use Template provided to complete application.

### B. Supplemental Information (each item, if needed, should be a separate attachment to the application)

1. Status of compliance with other federal laws
2. Corrective action information\*
3. Hydrogeological Report\*
4. Environmental Assessment\*
5. Environmental Monitoring Programs\*
6. Engineering plans
7. Proof of insurance of other permits or licenses
8. Capability certification/compliance schedule
9. Restrictive covenant (landfills only)
10. Construction certification (new, altered, enlarged, or expanded)

\*Use Template provided to complete application.

### C. Facility Specific Information (each item, if needed, should be a separate attachment to the application)

1. Containers\*
2. Tanks\*
3. Incineration or thermal treatment
4. Treatment
5. Surface impoundments
6. Waste piles
7. Landfills
8. Land treatment
9. Miscellaneous units
10. Underground mines or caves

- 11. Drip pads
- 12. Boilers and industrial furnaces
- 13. Air emissions from process vents, equipment leaks, tanks, containers, and surface impoundments\*\*

\*Use templates provided to complete application.

\*\*Use templates C.11-AA, C.11-BB, and C.11-CC provided to complete application

## 15. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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 knowing violations.

Owner Name (Print or type): \_\_\_\_\_

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Owner Signature

Date

Operator Name (Print or type): \_\_\_\_\_

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Operator Signature

Date

Titleholder of Land Name (Print or type): \_\_\_\_\_

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Titleholder of Land Signature

Date

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