



HAZARDOUS WASTE MANAGEMENT FACILITY EMERGENCY OPERATING LICENSE APPLICATION

If applicant is submitting a written request for the emergency operating license, then Sections I, II, and III of this form should be completed by the applicant.

I. GENERAL INFORMATION [R 299.9508(1)(a)]

A. Person Requesting Emergency Operating License

Name: _____
Title: _____
Street Address: _____
Mailing Address (if different): _____
City and ZIP Code: _____
Telephone Number: _____

B. Facility

Name: _____
Street Address: _____
Mailing Address (if different): _____
City and ZIP Code: _____
Site Identification Number: _____
RCRA or Part 111 Permit Status: _____
Business Description: _____

C. Land

Location: _____
Public Right-of-Ways through Property: _____
Name of Titleholder: _____

D. Facility Owner

Name: _____
Street Address: _____
Mailing Address: (if different) _____
City and ZIP Code: _____
Telephone Number: _____

E. Facility Operator (For Emergency Hazardous Waste Management Activity)

Name: _____
Street Address: _____
Mailing Address: (if different) _____
Telephone Number: _____
Site Identification Number: _____
Contact Person: _____

F. Licensee (Owner or Operator [R 299.9501(3)])

Name: _____
Street Address: _____
Mailing Address: (if different) _____
Telephone Number: _____
Site Identification Number: _____
Contact Person: _____

II. **HAZARDOUS WASTE MANAGEMENT ACTIVITY** [R 299.9501(3)(b)]

A. Waste Identification Including Hazardous Waste Number and Amounts: _____

B. Source of Hazardous Waste: _____

C. Imminent and Substantial Endangerment to Human Health and/or the Environment: _____

D. Treatment
Hazardous Wastes: _____
Treatment Methods: _____
Treatment Equipment: _____
Location: _____
Proposed Date Treatment to Begin: _____
Proposed Date Treatment to End: _____
Treatment Residues and Disposal: _____
Closure: _____

E. Proposed Storage
Hazardous Wastes: _____
Storage Methods: _____
Location: _____
Secondary Containment: _____
Proposed Date Storage to Begin: _____
Proposed Date Storage to End: _____
Closure of Temporary Storage Area: _____

F. Proposed Disposal
Hazardous Wastes: _____
Disposal Methods: _____
Location: _____
Proposed Date Disposal to Begin: _____
Proposed Date Disposal to End: _____
Closure: _____

III. **GENERAL FACILITY CONDITIONS** [Title 40 of the Code of Federal Regulations (CFR), Part 264]

A. Security [264.14(a) & (b)]

B. Precautions to Prevent Accidental Ignition or Reaction of Ignitable or Reactive Waste [264.17(a)]

Hazardous Waste Management Facility Emergency Operating License Application

C. Precautions to Prevent Mixing of Incompatible Wastes [264.17(b)]

D. Design and Operation of Facility (Activity) to Prevent Accidents, Fires, and Releases of Hazardous Waste [264.31]

E. Emergency Equipment [264.32]

F. Internal Alarms and Emergency Communication Devices [264.34]

G. Notification of Local Enforcement Officials [264.37]

Police: _____
Fire: _____
Rescue: _____
Other: _____
Township Official: _____

H. Emergency Coordinator [264.55]

Name: _____
Company: _____
Telephone Number: _____

I. Emergency Procedures [264.56]

1. Evacuation of Personnel and/or Local Community:

2. Detection and Containment of Leaks, Spills, and Emissions:

3. Other Measures to be Taken to Protect Human Health and the Environment:

J. Written Operating Record [264.73]

Name of Person to Provide Report: _____
Date Report will be Provided: _____

The Following Section is for DEQ Use Only

IV. OTHER PERMITS AND APPROVALS

A. Air Quality Division

- 1. Name of Person Notified: _____
 - 2. Comments: _____
-

B. Remediation and Redevelopment Division

- 1. Name of Person Notified: _____
 - 2. Comments: _____
-

C. State Police

- 1. Name of Person Notified: _____
 - 2. Comments: _____
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V. PUBLIC NOTICE OF EMERGENCY LICENSE [R 299.9501(3)(c)]

A. Newspaper

Name: _____
Publication Date: _____

B. Other Media

C. Local Citizens and Interest Groups

VI. COMMENTS

VII. EMERGENCY OPERATING LICENSE APPROVAL/DENIAL

A. Oral

By Whom: _____
Date: _____

B. Written (within 5 days after Oral License Approval)

Date: _____

Name of Engineer and Date: _____