

VI. OPERATING LICENSE APPLICATION FEES			
<input checked="" type="checkbox"/>	A.	Operating License Application Fixed Fee	\$ 500
<input checked="" type="checkbox"/>	B.	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 (\$7,200)	\$ 7,200
<input type="checkbox"/>		Storage (\$500)	\$ 500
Total Operating License Fee			\$ 33,200
<p>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 DEQ, Cashier's Office, P.O. Box 30657, Lansing, Michigan 48909-8157, with a copy of payment included with application that is mailed to the DEQ, OWMRP, P.O. Box 30241, Lansing, Michigan 48909-7741.</p>			

VII. EXISTING ENVIRONMENTAL PERMITS (attach copies of each as proof of issuance)	
<input type="checkbox"/>	A. NPDES (Discharges to Surface Water) Permit Number
<input type="checkbox"/>	B. UIC (Underground Injection of Fluids) Permit Number
<input checked="" type="checkbox"/>	C. RCRA (Hazardous Waste) Permit Number
<input type="checkbox"/>	D. PSD (Air Emissions From Proposed Sources) Permit Number
<input checked="" type="checkbox"/>	E. Other (Specify below) Permit Number
SEE ATTACHED LIST	

VIII. NATURE OF BUSINESS (Provide a brief description)
Storage and Treatment of Hazardous & Non-hazardous Waste.

IX. 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)

X. 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.

XI. 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.

XII. PROCESS CODES AND DESIGN CAPACITIES (see instructions)									
Line Number	A. Process Code (from list)	B. Process Design Capacity			Line Number	A. Process Code (from list)	B. Process Design Capacity		
		B.1. Quantity	B.2. Unit of Measure	For Official Use Only			B.1. Quantity	B.2. Unit of Measure	For Official Use Only
1.	S01	1,745,280	G		6.				
2.	S02	618,950	G		7.				
3.	T01	780,124	U		8.				
4.					9.				
5.					10.				

C. Additional Process Codes or Description of Nonlisted Processes (Codes "S99" and "T04").