



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, EQP 5150, and the EPA Part A Permit Application Form, 8700-23, must be submitted with this application.

I. FACILITY SITE ID NUMBER		
II. FACILITY'S LEGAL OWNER		
A. Name	Wayne Disposal Inc.	
B. Street or P.O. Box	49350 North I-94 Service Drive	
C. City/State/ZIP	Belleville, MI, 4811	
D. Telephone Number (area code included)	(800)592-5489	
E. Owner Type	P	F. Ownership Change?
		Y
		N
		N/A
	x	Date
III. FACILITY OPERATOR		
A. Name	Wayne Disposal Inc.	
B. Street or P.O. Box	49350 North I-94 Service Drive	
C. City/State/ZIP	Belleville, MI, 4811	
D. Telephone Number (area code included)	(800)592-5489	
E. Operator Type	P	F. Operator Change?
		Y
		N
		N/A
	x	Date
IV. TITLEHOLDER OF LAND		
A. Name	Wayne Disposal Inc.	
B. Street or P.O. Box	49350 North I-94 Service Drive	
C. City/State/ZIP	Belleville, MI, 4811	
D. Telephone Number (area code included)	(800)592-5489	
V. OPERATING LICENSE APPLICATION		
Place an "X" in the appropriate box under either A or B (select only one box)		
A. Operating License Application		
<input type="checkbox"/>	First Application for *Existing Facility	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.
<input checked="" type="checkbox"/>	Renewal Application for *Existing Facility	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.
<input checked="" type="checkbox"/>	Application for Modification of License	Place an "X" here if application is for a license modification.
<input type="checkbox"/>	First Application for Research, Development, and Demonstration (RDD) License	Place an "X" here if application for a temporary license for RDD.
<input type="checkbox"/>	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		
<input type="checkbox"/>	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 5/19/1980
For RDD activities, provide the date RDD began or expected to begin.		Date N/A
For new, altered, enlarged, or expanded facilities, provide date expected construction to begin.		Date No new area
*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.		

VI. OPERATING LICENSE APPLICATION FEES			
<input type="checkbox"/>	A. Operating License Application Fixed Fee		\$ 500
<input 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)		\$ 9,000
<input type="checkbox"/>	Incineration or Other Treatment (\$7,200)		\$ 7,200
<input type="checkbox"/>	Storage (\$500)		\$ 500
Total Operating License Fee			\$ 42,200

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.

VII. EXISTING ENVIRONMENTAL PERMITS (attach copies of each as proof of issuance)	
<input checked="" 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

VIII. NATURE OF BUSINESS (Provide a brief description)	
Disposal of TSCA, Hazardous & Non-Hazardous Solid Waste	

IX. MAP	
<p>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)</p>	

X. FACILITY DRAWING	
<p>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.</p>	

XI. PHOTOGRAPHS	
<p>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.</p>	

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	2,147	Y		6.				
2.	D08	27,162,630	Y		7.				
3.	T04	1,200	Y		8.				
4.					9.				
5.					10.				

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

XIII. DESCRIPTION OF HAZARDOUS WASTES

[illegible]

XIV. OTHER REQUIRED ATTACHMENTS

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

- | | | |
|--------------------------------------|---------------------------------------|--|
| 1. General facility description | 6. Preparedness/prevention or waiver* | 11. Closure and Postclosure (C/PC) Plan* |
| 2. Chemical and physical analyses* | 7. Contingency Plan* | 12. C/PC cost estimates* |
| 3. Waste Analysis Plan* | 8. Traffic information | 13. Topographic map |
| 4. Security procedures and equipment | 9. Location information | 14. Liability mechanism |
| 5. Inspection schedules* | 10. Personnel training program* | 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 | 6. Engineering plans |
| 2. Corrective action information* | 7. Proof of issuance of other permits or licenses |
| 3. Hydrogeological Report* | 8. Capability certification/compliance schedule |
| 4. Environmental Assessment* | 9. Restrictive covenant (landfills only) |
| 5. Environmental monitoring Programs* | 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)


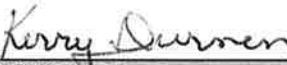

- | | |
|--------------------------------------|--|
| 1. Containers* | 8. Land treatment |
| 2. Tanks* | 9. Miscellaneous units |
| 3. Incineration or thermal treatment | 10. Underground mines or caves |
| 4. Treatment | 11. Drip pads |
| 5. Surface impoundments | 12. Boilers and industrial furnaces |
| 6. Waste piles | 13. Air emissions from process vents, equipment leaks, tanks, containers, and surface impoundments** |
| 7. Landfills | |

* Use template provided to complete application

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

XV. 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.

Kerry Durnen		11/04/2021
OWNER NAME (type or print)	SIGNATURE	DATE SIGNED
Kerry Durnen		11/04/2021
OPERATOR NAME (type or print)	SIGNATURE	DATE SIGNED
Kerry Durnen		11/04/2021
TITLEHOLDER OF LAND NAME (type or print)	SIGNATURE	DATE SIGNED



MICHIGAN DEPARTMENT OF
ENVIRONMENT, GREAT LAKES, AND ENERGY
MATERIALS MANAGEMENT DIVISION

SITE IDENTIFICATION FORM

You must save this file to your computer before completing the form

*Required under authority 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.*

Clear Form

1. Reason for Submittal (Select only one)

<input type="checkbox"/>	Obtaining an initial United States Environmental Protection Agency (EPA) Identification (ID) number, as a new site or new owner, for an on-going regulated activity that will continue for a period of time. 1. Pay the \$50 fee on-line using a MasterCard, VISA, or Discover Card at https://www.thepayplace.com/mi/deq/siteid (fees do not apply to LIB only sites). 2. E-mail this form , with a copy of the fee receipt, to EGLE-MMD-Site-ID-Reporting@Michigan.gov; •or Mail the form with a check made payable to the State of Michigan to: Michigan Department of Environment, Great Lakes, and Energy (EGLE), Cashier's Office – HWUC, P.O. Box 30657, Lansing, Michigan 48909-7741.
<input checked="" type="checkbox"/>	Submitting a subsequent notification to change, update, or verify site information for an existing owner of a site with a previously issued Site ID number. E-mail to EGLE-MMD-Site-ID-Reporting@Michigan.gov; or mail to EGLE, Materials Management Division (MMD), Management and Tracking Unit, P.O. Box 30241, Lansing, Michigan 48909-7741.
<input type="checkbox"/>	* NOTIFYING THAT Site is still in business and that regulated activity is no longer occurring at this site (end date required) _____ STILL IN BUSINESS AND NO LONGER GENERATING WASTE Authorized Signature _____ Date _____ <i>*Mail completed pages 1 and 2 to EGLE, MMD, PO Box 30241, Lansing, MI 48909-7741</i>
<input type="checkbox"/>	*NOTIFYING THAT Site is no longer in business and that regulated activity is no longer occurring at this site (end date required) _____ SITE IS OUT OF BUSINESS AND NO LONGER GENERATING WASTE Authorized Signature _____ Date _____ <i>*Mail completed pages 1 and 2 to EGLE, MMD, PO Box 30241, Lansing, MI 48909-7741</i>
<input type="checkbox"/>	Site was a TSD facility and/or generator of less than 1,000 kilograms (kg) of hazardous waste, less than 1 kg of acute hazardous waste, or 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year.
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities.
<input checked="" type="checkbox"/>	Submitting a new or revised Part A Form.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Biennial Report.

2. Site EPA ID Number

M	I	D	0	4	8	0	9	0	6	3	3
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3. Site Legal Name

Wayne Disposal Inc

4. Site Specific Name

Wayne Disposal Inc

5. Site Location Address

Street Address 49350 North I-94 Service Drive		
City, Town, or Village Belleville		County Wayne
State MI	Country USA	Zip Code 48111

6. Site Mailing Address

☒ Same as Location Address

Street Address		
City, Town, or Village		County
State	Country	Zip Code



MICHIGAN DEPARTMENT OF
ENVIRONMENT, GREAT LAKES, AND ENERGY
MATERIALS MANAGEMENT DIVISION

SITE IDENTIFICATION FORM

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Clear Form

1. Reason for Submittal (Select only one)

<input type="checkbox"/>	Obtaining an initial United States Environmental Protection Agency (EPA) Identification (ID) number, as a new site or new owner, for an on-going regulated activity that will continue for a period of time. 1. Pay the \$50 fee on-line using a MasterCard, VISA, or Discover Card at https://www.thepayplace.com/mi/deq/siteid (fees do not apply to LIB only sites). 2. E-mail this form , with a copy of the fee receipt, to EGLE-MMD-Site-ID-Reporting@Michigan.gov; • or Mail the form with a check made payable to the State of Michigan to: Michigan Department of Environment, Great Lakes, and Energy (EGLE), Cashier's Office – HWUC, P.O. Box 30657, Lansing, Michigan 48909-7741.
<input checked="" type="checkbox"/>	Submitting a subsequent notification to change, update, or verify site information for an existing owner of a site with a previously issued Site ID number. E-mail to EGLE-MMD-Site-ID-Reporting@Michigan.gov; or mail to EGLE, Materials Management Division (MMD), Management and Tracking Unit, P.O. Box 30241, Lansing, Michigan 48909-7741.
<input type="checkbox"/>	* NOTIFYING THAT Site is still in business and that regulated activity is no longer occurring at this site (end date required) _____ STILL IN BUSINESS AND NO LONGER GENERATING WASTE Authorized Signature _____ Date _____ <i>*Mail completed pages 1 and 2 to EGLE, MMD, PO Box 30241, Lansing, MI 48909-7741</i>
<input type="checkbox"/>	*NOTIFYING THAT Site is no longer in business and that regulated activity is no longer occurring at this site (end date required) _____ SITE IS OUT OF BUSINESS AND NO LONGER GENERATING WASTE Authorized Signature _____ Date _____ <i>*Mail completed pages 1 and 2 to EGLE, MMD, PO Box 30241, Lansing, MI 48909-7741</i>
<input type="checkbox"/>	Site was a TSD facility and/or generator of less than 1,000 kilograms (kg) of hazardous waste, less than 1 kg of acute hazardous waste, or 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year.
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities.
<input checked="" type="checkbox"/>	Submitting a new or revised Part A Form.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Biennial Report.

2. Site EPA ID Number

M	I	D	0	4	8	0	9	0	6	3	3
---	---	---	---	---	---	---	---	---	---	---	---

3. Site Legal Name

Wayne Disposal Inc

4. Site Specific Name

Wayne Disposal Inc

5. Site Location Address

Street Address 49350 North I-94 Service Drive		
City, Town, or Village Belleville		County Wayne
State MI	Country USA	Zip Code 48111

6. Site Mailing Address

☒ Same as Location Address

Street Address		
City, Town, or Village		County
State	Country	Zip Code

Site ID # M I D 0 4 8 0 9 0 6

7. Federal Tax ID # (required)

38-1579154

8. Site Land Type (check one)

Private <input checked="" type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Tribal <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>
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9. North American Industry Classification System (NAICS) Code(s) for the Site at least one 6-digit code REQUIRED

A 562211	B
C	D

10. Site Contact Information

☒ Same as Location Address

Full Name (Company or Individual as applicable)		
Title		
Street Address		
City, Town or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax

11. Name of Site's Legal Owner

☒ Same as Site Mailing Address

Approximate date became owner 05/19/1980

Approximate date ceased as owner 05/19/1980

Full Name (Company or Individual as applicable)		
Title		
Street Address		
City, Town or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax

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Site ID # M I D 0 4 8 0 9 0 6

11(b) Name of Site's Legal Operator

☒ **Same as Site Specific Name/Address**

Approximate date became operator 05/19/1980 Approximate date ceased as operator 05/19/1980

Full Name (Company or Individual as applicable)		
Title		
Street Address		
City, Town or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax

12. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste – If "Yes", mark only one of the following:	
<u>05/19/1980</u> Date activity began	Large Quantity Generator (LQG)	-Generates, in any calendar month (includes quantities imported by importer site), 1,000 kg per month (mo) (2,200 pounds (lb)/mo) or more of non-acute hazardous waste; or -Generates, in any calendar month or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or -Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material
<input type="checkbox"/> Date activity began	Small Quantity Generator (SQG)	100 to 1,000 kg/mo (220 to 2,200 lb/mo) of non-acute hazardous waste, and no more than 1 kg (2.2 lb) of acute hazardous waste, and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material
<input type="checkbox"/> Date activity began	Very Small Quantity Generator (VSQG)	Less than, or equal to, 100 kg/mo (220 lb/mo) of non-acute hazardous waste
If "Yes" above, indicate other generator activities in 2 and 3, as applicable		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes" provide an explanation in the Comments Section.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Treater, Stores or Disposer of Hazardous Waste – Note: A hazardous waste Part B permit is required for these activities	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
	<input type="checkbox"/> Recycler who stores prior to recycling	
	<input type="checkbox"/> Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace – If "Yes", mark all that apply.	
	<input type="checkbox"/> Small Quantity On-site Burner Exemption	
	<input type="checkbox"/> Smelting, Melting, and Refining Furnace Exemption	

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Site ID # M I D 0 4 8 0 9 0 6

Waste Codes for Federally Regulated Hazardous Waste. Please list the waste codes of the Federal Hazardous Wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D002, F007, U112). Use an additional page if more spaces are needed.

See Attached						

Waste Codes for State Regulated (non-Federal) Hazardous Waste. Please list the waste codes of the State Hazardous Wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

See Attached						

13. Additional Regulated Waste Activities

Other Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Transporter of Hazardous Waste – If “Yes”, mark all that apply. (May require permits or registration)
	<input type="checkbox"/> Transporter
	<input type="checkbox"/> Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Underground injection Control
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Recognized Trader – If “Yes”, mark all that apply
	<input type="checkbox"/> Importer
	<input type="checkbox"/> Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Importer/Exporter of Spent Lead-Acid Batteries (SLABs under 40 Code of Federal Regulations 266 Subpart G) - If “Yes” , mark all that apply.
	<input type="checkbox"/> Importer
	<input type="checkbox"/> Exporter

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Universal Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) – If “Yes”, mark all that apply. Note: Refer to state regulations to determine what is regulated.
	<input checked="" type="checkbox"/> Batteries
	<input type="checkbox"/> Thermostats
	<input type="checkbox"/> Mercury Thermometers
	<input type="checkbox"/> Devices containing elemental mercury
	<input type="checkbox"/> Mercury Switches
	<input checked="" type="checkbox"/> Pesticides
	<input checked="" type="checkbox"/> Electric Lamps
	<input checked="" type="checkbox"/> Pharmaceuticals
	<input type="checkbox"/> Consumer Electronics
	<input checked="" type="checkbox"/> Antifreeze as defined in R 299.9101
<input type="checkbox"/> Y <input type="checkbox"/> N	Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)

Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Used Oil Transporter – If “Yes”, mark all that apply.
	<input type="checkbox"/> Transporter
	<input type="checkbox"/> Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Used Oil Processor and/or Re-refiner – If “Yes,” mark all that apply.
	<input type="checkbox"/> Processor
	<input type="checkbox"/> Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Used Oil Fuel Marketer – If “Yes”, mark all that apply.
	<input type="checkbox"/> Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
	<input type="checkbox"/> Marketer Who First Claims the Used Oil Meets the Specifications
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Used Oil Processor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Used Oil Collection or Aggregation Point
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Collection Center or Aggregation Point that accepts DIY Used Oil

Liquid Industrial By-Product Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Liquid Industrial By-Product Transporter – If “Yes”, mark all that apply. (requires Permit & Registration)
	<input type="checkbox"/> Transporter. Date Activity Began:
	<input type="checkbox"/> Transfer Facility (at your site). Date Activity Began:
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Transports Own Waste. Date Activity Began:
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Liquid Industrial Waste By-Product Generator. Date Activity Began: 05/19/1980
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Liquid Industrial By-Product Designated Facility. Date Activity Began:

14. Eligible Academic Entities with Laboratories - Notification for opting into, or withdrawing from, managing laboratory hazardous wastes pursuant to 40 CFR 262, Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Opting into, or currently operating under, 40 CFR 262, Subpart K, for the management of hazardous wastes in laboratories. If “Yes”, mark all that apply. NOTE: See the item-by-item instructions for definitions of types of eligible academic entities.
	<input type="checkbox"/> College or University
	<input type="checkbox"/> Teaching Hospital that is owned by, or has a formal written affiliation, with a college or university
	<input type="checkbox"/> Non-profit Institute that is owned by, or has a formal written affiliation, with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Withdrawing from 40 CFR 262, Subpart K, for the management of hazardous wastes in laboratories.

15. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category? If “Yes”, you must fill out the Addendum for Episodic Generator.
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Site ID # M I D O 4 8 0 9 0 6

16. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG hazardous waste under the control of the same person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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17. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional OR Entire Facility {Required})

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility
	Central Accumulation Area (CAA) or Entire Facility
	Expected Closure date:
	Requesting new closure date:
	Date Closed:
	In compliance with the closure performance standards 40 CFR 262.17(a)(8)
	Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

18. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing HSM under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying under 40 CFR 260.53(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to, or unable to be compared to, a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in the Comments section (Number 19, below). You must also document that your recycling is still legitimate and maintain that documentation on site.

19. Electronic Manifest Broker

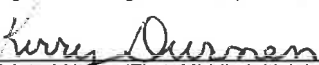
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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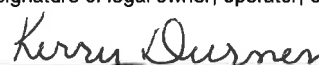
20. Comments (include item number for each comment)

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Site ID # M I D 0 4 8 0 9 0 6

21. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A Permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator, or authorized representative 	Date (mm/dd/yyyy) 11/04/2021
Printed Name (First, Middle Initial, Last) Kerry Durnen	Title Vice President and General Manager
Email kerry.durnen@usecology.com	

Signature of legal owner, operator, or authorized representative 	Date (mm/dd/yyyy) 11/04/2021
Printed Name (First, Middle Initial, Last) Kerry Durnen	Title Vice President and General Manager
Email kerry.durnen@usecology.com	

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United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input checked="" type="checkbox"/>	Submitting a new or revised Part A (permit) Form

2. Site EPA ID Number

M	I	D	0	4	8	0	9	0	6	3	3
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3. Site Name

Wayne Disposal Inc

4. Site Location Address

Street Address 49350 North I-94 Service Drive		
City, Town, or Village Belleville		County Wayne
State MI	Country USA	Zip Code 48111
Latitude 42.219610	Longitude -83.510280	<input type="checkbox"/> Use Lat/Long as Primary Address

5. Site Mailing Address

☒ Same as Location Street Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

6. Site Land Type

<input checked="" type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 562211	C.
B.	D.

Site Contact Information

☐ Same as Location Address

First Name	Sylwia	MI	I	Last Name	Scott
Title	Environmental Compliance Manager				
Street Address	49350 North I-94 Service Drive				
City, Town, or Village	Belleville				
State	MI	Country	USA	Zip Code	48111
Email	sylwia.scott@usecology.com				
Phone	7346996294	Ext		Fax	

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

☒ Same as Location Address

Full Name	Wayne Disposal Inc.		Date Became Owner (mm/dd/yyyy)	5/19/1980
Owner Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
Street Address				
City, Town, or Village				
State		Country		Zip Code
Email				
Phone		Ext		Fax
Comments				

B. Name of Site's Legal Operator

☒ Same as Location Address

Full Name	Wayne Disposal Inc		Date Became Operator (mm/dd/yyyy)	5/19/1980
Operator Type	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
Street Address				
City, Town, or Village				
State		Country		Zip Code
Email				
Phone		Ext		Fax
Comments				

9. Type of Regulated Waste Activity (at your site)
 Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 Recycler of Hazardous Waste	
	<input type="checkbox"/>	a. Recycler who stores prior to recycling
	<input type="checkbox"/>	b. Recycler who does not store prior to recycling
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption
	<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

SEE	SEC.	XIII				

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

See	Sec.	XIII				

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input checked="" type="checkbox"/>	a. Batteries
<input checked="" type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Aerosol Cans
<input checked="" type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if "Yes", mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262, Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories— If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity☐ Y ☒ N

Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.

17. Electronic Manifest Broker☐ Y ☒ N

Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

18. Comments (include item number for each comment)

19. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative <i>Kerry Durnen</i>	Date (mm/dd/yyyy) 11/4/2021
Printed Name (First, Middle Initial Last) Kerry Durnen	Title Vice President and General Manager
Email kerry.durnen@usecology.com	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy) 11/4/2021
Printed Name (First, Middle Initial Last) Kerry Durnen	Title Vice President and General Manager
Email kerry.durnen@usecology.com	

United States Environmental Protection Agency
HAZARDOUS WASTE PERMIT PART A FORM



1. Facility Permit Contact

First Name	Sylwia	MI	I	Last Name	Scott
Title	Environmental Compliance Manager				
Email	sylwia.scott@usecology.com				
Phone	734-699-6294	Ext		Fax	

2. Facility Permit Contact Mailing Address

Street Address	49350 North I-94 Service Drive				
City, Town, or Village	Belleville				
State	MI	Country	USA	Zip Code	48111

3. Facility Existence Date (mm/dd/yyyy)

5/19/1980

4. Other Environmental Permits

A. Permit Type	B. Permit Number												C. Description
R	M	I	D	0	4	8	0	9	0	6	3	3	Part 111 Hazardous Waste Operating License
P	m	i	0	0	5	6	4	1	3				NPDES
E	D	-	1	1	2	0	2						Industrial Pretreatment Permit
E	M	4	7	8	2								Title V Renewable Operating Permit
E	M	I	D	0	4	8	0	9	0	6	3	3	TSCA PCB Chemical Landfill

5. Nature of Business

Treatment storage and disposal of RCRA Hazardous Waste. Disposal of PCB TSCA Waste

6. Process Codes and Design Capacities

Line Number	A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
				(1) Amount	(2) Unit of Measure		
	D	8	0	27162630	CY	001	Master Cell VI
	S	0	1	2147	CY	001	Container Storage
	T	0	4	1200	CY	001	Macroencapsulation

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.	A. EPA Hazardous Waste No.					B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes									
								(1) Process Codes					(2) Process Description (if code is not entered in 7.D1))				
						See											
						Section XII											
						Of EQP5111											

8. Map

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

9. Facility Drawing

All existing facilities must include a scale drawing of the facility. See instructions for more detail.

10. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. See instructions for more detail.

11. Comments

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