

H A Z A R D O U S W A S T E M A N A G E M E N T F A C I L I T Y
A P P L I C A T I O N F O R M

1. Name of Operator _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Ownership Status Federal State Private Public Other _____

Name of Land Owner _____

Address _____ Phone ____/____/____

City _____ State _____ Zip Code _____

Name of Owner (other) _____

Address _____ Phone ____/____/____

City _____ State _____ Zip Code _____

2. Name of Facility _____

Address _____ Phone ____/____/____

City _____ State _____ Zip Code _____

Location of Facility: Nearest City or Town _____ County _____

_____ ¼ _____ ¼ _____ ¼ _____, Section _____

Township _____, Range _____, No. of Acres _____

Latitude _____, Longitude _____

OFFICIAL USE ONLY	
EPA FACILITY I.D. NO.	_____
Confidentiality Requested	____/____/____
Confidentiality Granted	____/____/____
Date of Public Notice	____/____/____

3. Type of Hazardous Waste Facility (Check Appropriate Box or Boxes)
- | | | | |
|----------------------|---------------------|----------------|-------------|
| Container | Tank | Waste Pile | Incinerator |
| Surface Impoundment | Landfill | Land Treatment | Treatment |
| Containment Building | Miscellaneous Units | | |

Attach forms for type(s) of hazardous waste facility checked above.

- | | | |
|---|-----|----|
| 4. Is this a Post-Closure permit application? | YES | NO |
| 5. Is this facility to serve more than one generator? | YES | NO |
| 6. Will this facility handle more than one type of waste? | YES | NO |

All applications for a hazardous waste management facility permit must include the following information:

	As Required By:
General and Specific Information Requirements	10 CSR 25-7.270(2)(B) and 40 CFR 270 Subpart B
Compliance with General Facility Standards	10 CSR 25-7.264(2)(B) and 40 CFR 264 Subpart B
Preparedness and Prevention	10 CSR 25-7.264(2)(C) and 40 CFR 264 Subpart C
Contingency Plan and Emergency Procedures Plan	10 CSR 25-7.264(2)(D) and 40 CFR 264 Subpart D
Compliance with Manifest, Record keeping, and Reporting Requirements	10 CSR 25-7.264(2)(E) and 40 CFR 264 Subpart E
Ground Water Protection	10 CSR 25-7.264(2)(F) and 40 CFR 264 Subpart F
Closure and Post-Closure Plans	10 CSR 25-7.264(2)(G) and 40 CFR 264 Subpart G
Compliance with the Financial Requirements	10 CSR 25-7.264(3)(H) and 40 CFR 264 Subpart H
Health Profile	10 CSR 25-7.264(4)(P)
Permit Application Fee	10 CSR 25-7.270(2)(B)(8) and 12.010 (3)
Mailing Labels for All Persons on the Facility Mailing List	10 CSR 25-7.270(2)(B)10.A.
Name, Address, Telephone Number, and Contact Person Where the Application and Supporting Documents are to be placed	10 CSR 25-7.270(2)(B)10.B.
Missouri Application Form with Certifications	Section 260.395.7(1) RSMo.
Justification for Requests for Confidentiality Habitual Violator Disclosure Statement	Section 260.430 RSMo. 10 CSR 25-7.270(2)(B)11.

INCINERATOR(S)

1. Will the incinerator be operated under an Air Quality permit? YES NO

2. Will the incinerator be operated under an NPDES permit? YES NO

3. An application for a hazardous waste incinerator must include the following information:

A. General Rules Applicable to All Facilities As Required By
10 CSR 25-7.270(2)(B)

B. Incinerators 10 CSR 25-7.264(2)(O) and 40
CFR 264 Subpart O

4. Applicant's Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Operator Signature _____ Date _____

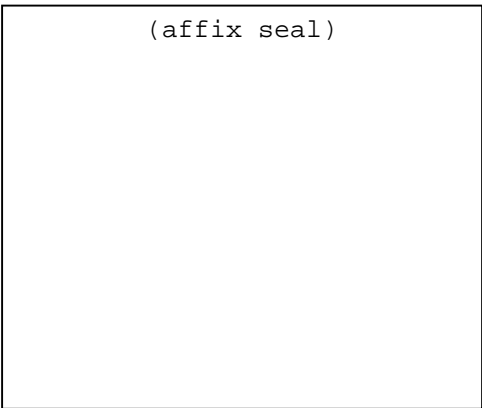
Land Owner Signature _____ Date _____

Owner (other) Signature _____ Date _____

5. Engineer's Statement

I have approved all engineering plans and reports contained in this permit application. It is my understanding that the engineering plans and reports have been prepared to comply with the Missouri Hazardous Waste Management Law and all applicable standards, rules, and regulations for hazardous waste incineration facilities. It is also my understanding that this facility has been designed to ensure protection of humans, and the environment.

Registered Professional Engineer Submitting Plans



Name _____

Consulting Firm _____

Address _____

City _____ State _____ Zip _____

Registration No. _____

Date _____ Phone _____

Signature _____

LANDFILL(S)

1. Will the landfill(s) be operated under an Air Quality permit? YES NO
2. Will the landfill(s) be operated under an NPDES permit? YES NO
3. An application for a hazardous waste landfill must include the following information:

- | | |
|---|--|
| | <u>As Required By</u> |
| A. General Rules Applicable to All Facilities | 10 CSR 25-7.270(2)(B) |
| B. Landfills | 10 CSR 25-7.264(2)(N) and 40 CFR 264 Subpart N |

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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Operator Signature _____ Date _____

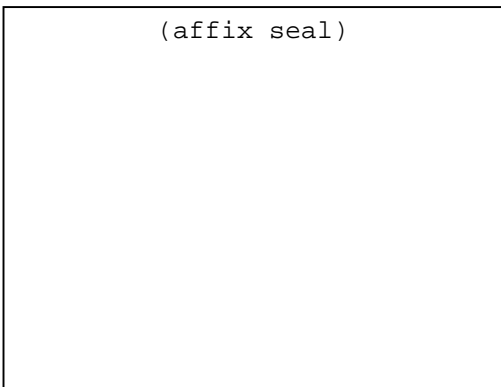
Land Owner Signature _____ Date _____

Owner (other) Signature _____ Date _____

5. Engineer's Statement

I have approved all engineering plans and reports contained in this permit application. It is my understanding that the engineering plans and reports have been prepared to comply with the Missouri Hazardous Waste Management Law and all applicable standards, rules, and regulations for hazardous waste landfill facilities. It is also my understanding that this facility has been designed to ensure protection of humans, and the environment.

Registered Professional Engineer Submitting Plans



Name _____

Consulting Firm _____

Address _____

City _____ State _____ Zip _____

Registration No. _____

Date _____ Phone _____

Signature _____

LAND TREATMENT

1. Will the landfarm(s) be operated under an Air Quality permit? YES NO

2. Will the landfarm(s) be operated under an NPDES permit? YES NO

3. An application for a hazardous waste landfarm must include the following information:

A. General Rules Applicable to All Facilities As Required By
10 CSR 25-7.270(2)(B)

B. Landfarms 10 CSR 25-7.264(2)(M) and 40
CFR 264 Subpart M

4. Applicant's Certification

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Operator Signature _____ Date _____

Land Owner Signature _____ Date _____

Owner (other) Signature _____ Date _____

5. Engineer's Statement

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Registered Professional Engineer Submitting Plans

(affix seal)

Name _____

Consulting Firm _____

Address _____

City _____ State _____ Zip _____

Registration No. _____

Date _____ Phone _____

Signature _____

TANKS

1. Will the tanks be operated under an Air Quality permit? YES NO
2. Will the tanks be operated under an NPDES permit? YES NO
3. An application for a hazardous waste tank must include the following information:

- | | |
|---|---|
| A. General Rules Applicable to All Facilities | <u>As Required By</u>
10 CSR 25-7.270(2)(B) |
| B. Storage Facility (Containers and Tanks) | 10 CSR 25-7.264(2)(J) and 40
CFR 264 Subpart J |

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Operator Signature _____ Date _____

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Owner (other) Signature _____ Date _____

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Registered Professional Engineer Submitting Plans



Name _____

Consulting Firm _____

Address _____

City _____ State _____ Zip _____

Registration No. _____

Date _____ Phone _____

Signature _____

Containers

- 1. Will the storage facility be operated under an Air Quality permit? YES NO
- 2. Will the storage facility be operated under an NPDES permit? YES NO
- 3. An application for hazardous waste containers must include the following information:

- | | |
|---|---|
| A. General Rules Applicable to All Facilities | <u>As Required By</u>
10 CSR 25-7.270(2)(B) |
| B. Storage Facility (Containers and Tanks) | 10 CSR 25-7.264(2)(I) and 40
CFR 264 Subpart I |

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Operator Signature _____ Date _____
Land Owner Signature _____ Date _____
Owner (other) Signature _____ Date _____

5. Engineer's Statement

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Name _____
Consulting Firm _____
Address _____
City _____ State ____ Zip _____
Registration No. _____
Date _____ Phone _____
Signature _____

TREATMENT

1. Will the treatment facility be operated under an Air Quality permit? YES NO
2. Will the treatment facility be operated under an NPDES permit? YES NO
3. Type of treatment: Chemical Physical Biological
In: Tank Impoundment

4. An application for hazardous waste containers must include the following information:

	<u>As Required By</u>
A. General Rules Applicable to All Facilities	10 CSR 25-7.270(2)(B)
B. Tank Treatment Facilities	10 CSR 25-7.264(2)(Q) 10 CSR 25-7.264(2)(J) and 40 CFR 264 Subpart J
C. Storage Facility (Containers and Tanks)	10 CSR 25-7.264(2)(Q) 10 CSR 25-7.264(2)(K) and 40 CFR 264 Subpart K

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Land Owner Signature _____ Date _____

Owner (other) Signature _____ Date _____

6. Engineer's Statement

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Name _____

Consulting Firm _____

Address _____

City _____ State ____ Zip _____

Registration No. _____

Date _____ Phone _____

Signature _____

WASTE PILE(S)

1. Will the waste pile(s) be operated under an Air Quality permit? YES NO
2. Will the waste pile(s) be operated under an NPDES permit? YES NO
3. An application for a hazardous waste pile must include the following information:

	<u>As Required By</u>
A. General Rules Applicable to All Facilities	10 CSR 25-7.270(2)(B)
B. Waste Pile	10 CSR 25-7.264(2)(L) and 40 CFR 264 Subpart L

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Owner (other) Signature _____ Date _____

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Name _____

Consulting Firm _____

Address _____

City _____ State ____ Zip _____

Registration No. _____

Date _____ Phone _____

Signature _____

SURFACE IMPOUNDMENT(S)

1. Will the surface impoundment(s) be operated under an Air Quality permit? YES NO
2. Will the surface impoundment(s) be operated under an NPDES permit? YES NO
3. An application for a hazardous waste surface impoundment must include the following information:

A. General Rules Applicable to All Facilities	<u>As Required By</u> 10 CSR 25-7.270(2)(B)
B. Surface Impoundments	CSR 25-7.264(2)(K) and 40 CFR 264 Subpart K

4. Applicant's Certification

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Operator Signature _____ Date _____

Land Owner Signature _____ Date _____

Owner (other) Signature _____ Date _____

5. Engineer's Statement

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Name _____

Consulting Firm _____

Address _____

City _____ State _____ Zip _____

Registration No. _____

Date _____ Phone _____

Signature _____

MISCELLANEOUS UNIT(S)

- 1. Will the Miscellaneous Unit be operated under an YES NO Air Quality permit?
- 2. Will the Miscellaneous Unit be operated under an YES NO NPDES permit?
- 3. An application for a hazardous waste Miscellaneous Unit must include the following information:

- | | |
|---|---|
| | <u>As Required By</u> |
| A. General Rules Applicable to All Facilities | 10 CSR 25-7.270(2)(B) |
| B. Miscellaneous Units | 10 CSR 25-7.264(2)(X)
and 40 CFR 264 Subpart X |

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Operator Signature _____ Date _____

Land Owner Signature _____ Date _____

Owner (other) Signature _____ Date _____

5. Engineer's Statement

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Registered Professional Engineer Submitting Plans

(affix seal)	Name _____
	Consulting Firm _____
	Address _____
	City _____ State _____ Zip _____
	Registration No. _____
	Date _____ Phone _____
	Signature _____

CONTAINMENT BUILDING(S)

2. Will the Containment Building be operated under an Air Quality permit? YES NO
2. Will the Containment Building be operated under an NPDES permit? YES NO
4. An application for a hazardous waste Containment Building must include the following information:

- | | |
|---|---|
| | <u>As Required By</u> |
| A. General Rules Applicable to All Facilities | 10 CSR 25-7.270(2)(B) |
| B. Containment Building | 10 CSR 25-7.264(2)(X)
and 40 CFR 264 Subpart X |

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Operator Signature _____ Date _____

Land Owner Signature _____ Date _____

Owner (other) Signature _____ Date _____

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Registered Professional Engineer Submitting Plans

(affix seal)	Name _____
	Consulting Firm _____
	Address _____
	City _____ State _____ Zip _____
	Registration No. _____
	Date _____ Phone _____
	Signature _____