



STATE OF MISSOURI
 DEPARTMENT OF NATURAL RESOURCES
 HAZARDOUS WASTE PROGRAM

POLYCHLORINATED BIPHENYLS (PCB) FACILITY APPLICATION

NOTE ► PLEASE EITHER PRINT OR TYPE

PART I

1. OPERATOR NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

2. OWNERSHIP STATUS
 Federal State Private Public Other _____

3. LANDOWNER NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

4. OWNER NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

PART II

5. NAME OF FACILITY		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

6. LOCATION OF FACILITY: NEAREST CITY OR TOWN		COUNTY	STATE
_____ 1/4 _____ 1/4 _____ 1/4 of Section _____		TOWNSHIP	RANGE
			NO. OF ACRES

LATITUDE	LONGITUDE
----------	-----------

PART III

7. METHOD(S) OF MANAGEMENT (CHECK ALL THAT APPLY)

Chemical Treatment Container Storage Distillation Landfill PCB Incinerator Solvent Extraction
 Tank Storage PCB-Contaminated Metals Reclamation Incinerator
 Other _____

Attach forms for the method(s) of management checked above.

8. WILL THIS FACILITY BE OPERATED UNDER AN AIR QUALITY PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. WILL THIS FACILITY BE OPERATED UNDER A NPDES PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

10. WILL THIS FACILITY BE USED FOR TREATMENT, STORAGE OR DISPOSAL OF PCB MATERIALS OR UNITS CONTAINING EQUAL TO OR GREATER THAN 500 PARTS PER MILLION PCB?
 YES NO

PLEASE RETURN THIS ORIGINAL TO	MISSOURI DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE PROGRAM P.O. BOX 176 JEFFERSON CITY, MISSOURI 65102-0176 (573) 751-3176	OFFICE USE ONLY	
		EPA FACILITY I.D. NO.	
		CONFIDENTIALITY REQUESTED	/ /
		CONFIDENTIALITY GRANTED	/ /
DATE OF PUBLIC NOTICE		/ /	

PART IV

11. PCB facility permit applications (Section 260.396, RSMo) must include the following information:

Item	As Required By
General and Specific Information Requirements	10 CSR 25-13.010(10)(A) and (B)
Compliance with General Facility Standards	10 CSR 25-13.010(8)(B)
Preparedness and Prevention	10 CSR 25-13.010(8)(C)
Contingency Plan and Emergency Procedures Plan	10 CSR 25-13.010(8)(D)
Manifest, Recordkeeping and Reporting Requirements	10 CSR 25-13.010(4)
Ground Water Protection	10 CSR 25-13.010(8)(F)
Closure and Post-Closure Plans	10 CSR 25-13.010(8)(G)
Compliance with the Financial Requirements	10 CSR 25-13.010(8)(H)
Use and Management of Containers	10 CSR 25-13.010(8)(I)
Health Profile	10 CSR 25-13.010(8)(P)
Permit Application Fee	10 CSR 25-13.010(10)(B) and 10 CSR 25-7.270(2)(B)8.
Mailing Labels for Facility Mailing List	10 CSR 25-13.010(10)(B) and 10 CSR 25-7.270(2)(B)10.A.
Names and Addresses for Public Participation Requirements	10 CSR 25-13.010(11) and 10 CSR 25-7.270(2)(B)10.
PCB Facility Application Form with Certifications	Section 260.395.7(1), RSMo. and 10 CSR 25-13.010(10)(A)
Justification for Requests for Confidentiality	Section 260.430, RSMo.

12. Personnel Qualifications and Compliance History. Attach the following information:

- A. Identification of the principals or key employees who are or will be responsible for the operation of the facility.
- B. Information concerning the principals' or key employees' technical qualifications and experience in handling PCB wastes or other wastes.
- C. Documentation and disclosure statement required by 10 CSR 25-13.010(10)(B), 10 CSR 25-7.270(2)(B)11., 10 CSR 25-7.270(2)(H) and 10 CSR 25-7.270(2)(I), according to Section 260.379, RSMo and Section 260.395.16, RSMo.

13. Attach a list of all off-site facilities that are or will be used for treatment, storage or disposal of PCB material, PCB units and waste oil.

14. Attach a description of industrial ventilation design and practice at the facility.

15. Attach a description of the procedures for sampling and analysis of workroom air for PCBs, PCB decomposition products and solvent vapors.

16. For an existing facility, attach any results of any workroom air analyses conducted at the facility.

17. Attach a description of the procedures for monitoring employee exposure to PCBs, PCB decomposition products and organic solvents.

18. For an existing facility, attach any results of analysis that reveal detectable levels of PCBs in body fluids or tissues of employees.

19. Attach a copy of the written respirator program, required by 29 CFR 1910.134.

20. For an existing facility, attach copies of accident injury reports prepared in accordance with 29 CFR 1904 for any accidents or injuries that occurred at the facility during the last three years.

21. Indicate by attachment the intrastate routes of transportation to and from the facility.

APPLICANT'S 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 upon 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.

OPERATOR SIGNATURE	DATE
LAND OWNER SIGNATURE	DATE
OWNER (OTHER) SIGNATURE	DATE



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

**POLYCHLORINATED BIPHENYLS (PCB) FACILITY APPLICATION -
CHEMICAL TREATMENT**

NOTE ► PLEASE EITHER PRINT OR TYPE

1. Type of Treatment:

Dechlorination by reaction with a metallic sodium reagent

Other _____

2. Attach material safety data sheets for reagents and solvent used in the process.

3. Attach a copy of the U.S. Environmental Protection Agency (EPA) approval application.

4. An application for PCB chemical treatment must include the following information:

- | | |
|---|---|
| A. General Rules Applicable to All Facilities | 10 CSR 25-13.010(8) and 13.010(10) |
| B. Tank Treatment Facilities | 10 CSR 25-13.010(8)(J), 10 CSR 25-7.264(2)(J),
and 40 CFR Part 264 Subpart J |
| C. Other Treatment Facilities, as applicable | 10 CSR 25-13.010(8)(X), 10 CSR 25-7.264(2)(X),
and 40 CFR Part 264 Subpart X |

ENGINEER'S STATEMENT

I have approved all engineering plans, designs, engineering reports and technical data included 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 PCB chemical treatment facilities. It is also my understanding that this facility has been designed to ensure protection of human health and the environment.

REGISTERED PROFESSIONAL ENGINEER SUBMITTING PLANS

(AFFIX SEAL)	NAME		
	CONSULTING FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE
REGISTRATION NO.	DATE	TELEPHONE	
SIGNATURE			



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

**POLYCHLORINATED BIPHENYLS (PCB) FACILITY APPLICATION -
CONTAINER STORAGE**

NOTE ► PLEASE EITHER PRINT OR TYPE

1. An application for container storage must include the following information:

- | | |
|---|---|
| A. General Rules Applicable to All Facilities | 10 CSR 25-13.010(8) and 13.010(10) |
| B. Container Storage Facilities | 10 CSR 25-13.010(8)(I), 10 CSR 25-7.264(2)(I),
and 40 CFR Part 264 Subpart I |

ENGINEER'S STATEMENT

I have approved all engineering plans, designs, engineering reports and technical data included 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 PCB storage facilities. It is also my understanding that this facility has been designed to ensure protection of human health and the environment.

REGISTERED PROFESSIONAL ENGINEER SUBMITTING PLANS

(AFFIX SEAL)	NAME		
	CONSULTING FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE
REGISTRATION NO.	DATE	TELEPHONE	

SIGNATURE



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

**POLYCHLORINATED BIPHENYLS (PCB) FACILITY APPLICATION -
DISTILLATION**

NOTE ► PLEASE EITHER PRINT OR TYPE

1. Indicate the chemical identity of the solvent:

2. Attach a material safety data sheet for the solvent.

3. Attach a copy of the U.S. Environmental Protection Agency (EPA) approval application.

4. An application for a distillation must include the following information:

A. General Rules Applicable to All Facilities

10 CSR 25-13.010(8) and 13.010(10)

ENGINEER'S STATEMENT

I have approved all engineering plans, designs, engineering reports and technical data included 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 distillation facilities. It is also my understanding that this facility has been designed to ensure protection of human health and the environment.

REGISTERED PROFESSIONAL ENGINEER SUBMITTING PLANS

(AFFIX SEAL)	NAME		
	CONSULTING FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE

REGISTRATION NO.	DATE	TELEPHONE
------------------	------	-----------

SIGNATURE



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

**POLYCHLORINATED BIPHENYLS (PCB) FACILITY APPLICATION -
LANDFILL**

NOTE ► PLEASE EITHER PRINT OR TYPE

1. Attach a copy of the U.S. Environmental Protection Agency (EPA) approval application.
2. An application for a PCB landfill must include the following information:
 - A. General Rules Applicable to All Facilities 10 CSR 25-13.010(8) and 13.010(10)
 - B. Landfills 10 CSR 25-13.010(8)(N), 10 CSR 25-7.264(2)(N), and 40 CFR Part 264 Subpart N

ENGINEER'S STATEMENT

I have approved all engineering plans, designs, engineering reports and technical data included 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 PCB landfill facilities. It is also my understanding that this facility has been designed to ensure protection of human health and the environment.

REGISTERED PROFESSIONAL ENGINEER SUBMITTING PLANS

(AFFIX SEAL)	NAME		
	CONSULTING FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE

REGISTRATION NO.	DATE	TELEPHONE
------------------	------	-----------

SIGNATURE



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

**POLYCHLORINATED BIPHENYLS (PCB) FACILITY APPLICATION -
PCB CONTAMINATED METALS RECOVERY OVENS AND SMELTERS**

NOTE ► PLEASE EITHER PRINT OR TYPE

1. Attach a detailed description of how the design, operating procedures and maintenance minimizes or eliminates fugitive emissions from the reclamation process.
2. Attach a description of temperature monitoring procedures, including monitoring locations and monitoring frequency.
3. Attach an engineering calculation of the residence time of combustion gases in the afterburner.
4. An application for a distillation must include the following information:
 - A. General Rules Applicable to All Facilities 10 CSR 25-13.010(8) and 13.010(10)
 - B. PCB-Contaminated Metal Recovery Ovens and Smelters 10 CSR 25-13.010(12)(A) and 40 CFR 761.72

ENGINEER'S STATEMENT

I have approved all engineering plans, designs, engineering reports and technical data included 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 metals reclamation facilities. It is also my understanding that this facility has been designed to ensure protection of human health and the environment.

REGISTERED PROFESSIONAL ENGINEER SUBMITTING PLANS

(AFFIX SEAL)	NAME		
	CONSULTING FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE
REGISTRATION NO.	DATE	TELEPHONE	
SIGNATURE			



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

**POLYCHLORINATED BIPHENYLS (PCB) FACILITY APPLICATION -
SOLVENT EXTRACTION**

NOTE ► PLEASE EITHER PRINT OR TYPE

1. Indicate the chemical identity of the solvent:

2. Attach a material safety data sheet for the solvent.

3. Type of Process:

- Vapor Degreasing (PCB articles with > 500 ppm PCBs; 10 CSR 25-13.010(3)10.)
 Vapor Degreasing (PCB articles iwth < 500 ppm PCBs; 10 CSR 25-13.010(3)10.)
 Drain and Flush (as prescribed in 40 CFR 761.60(b)(1))
 Other _____

4. If applicable, attach a copy of the U.S. Environmental Protection Agency (EPA) approval application.

5. Attach a list of companies that are willing to or will receive metals derived from the PCB units.

6. An application for solvent extraction must include the following information:

A. General Rules Applicable to All Facilities 10 CSR 25-13.010(8) and 13.010(10)

ENGINEER'S STATEMENT

I have approved all engineering plans, designs, engineering reports and technical data included 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 solvent extraction facilities. It is also my understanding that this facility has been designed to ensure protection of human health and the environment.

REGISTERED PROFESSIONAL ENGINEER SUBMITTING PLANS

(AFFIX SEAL)	NAME		
	CONSULTING FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE
REGISTRATION NO.	DATE	TELEPHONE	
SIGNATURE			



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

**POLYCHLORINATED BIPHENYLS (PCB) FACILITY APPLICATION -
TANK STORAGE**

NOTE ► PLEASE EITHER PRINT OR TYPE

1. Attach a copy of the Spill Prevention Control and Countermeasure (SPCC) plan required by 40 CFR 761.65(c)(7)(ii).
2. Indicate, by attachment, the age of each existing tank system.
3. An application for tank storage must include the following information:
 - A. General Rules Applicable to All Facilities 10 CSR 25-13.010(8) and 13.010(10)
 - B. Tank Storage 10 CSR 25-13.010(8)(J), 10 CSR 25-7.264(2)(J), and 40 CFR Part 264 Subpart J

ENGINEER'S STATEMENT

I have approved all engineering plans, designs, engineering reports and technical data included 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 PCB tank storage facilities. It is also my understanding that this facility has been designed to ensure protection of human health and the environment.

REGISTERED PROFESSIONAL ENGINEER SUBMITTING PLANS

(AFFIX SEAL)	NAME		
	CONSULTING FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE

REGISTRATION NO.	DATE	TELEPHONE
------------------	------	-----------

SIGNATURE