

Revision Number	
Date	
Page	of

**APPLICATION FOR A HAZARDOUS WASTE PERMIT
PART I – GENERAL
TO BE COMPLETED BY ALL APPLICANTS**

Please Type or Print

A. General Information

1. Type of Facility in accordance with Part 270.13(a)

- DISPOSAL
 - Landfill Land Treatment Surface Impoundment
 - Miscellaneous Units Type of Unit _____
- STORAGE
 - Containers Tanks Piles
 - Surface Impoundment Containment Building
 - Miscellaneous Unit Type of Unit _____
- TREATMENT
 - Tanks Piles Surface Impoundment
 - Incineration Containment Building
 - Boiler / Industrial Furnace Type of Unit _____
 - Miscellaneous Unit Type of Unit _____

2. Type of application:

- Construction Permit
- Operation Permit
- Construction & Operation Permit
- Research, Development & Demonstration (RD&D) Permit
- Postclosure Permit
- Clean Closure Plan
- Subpart H Remedial Action Plan
- Equivalency Demonstration

3. Revision Number: _____

4. Date current operation began, or is expected to begin: ____/____/____

5. Facility Name _____

6. EPA/DEP I.D. No. _____

7. Facility location or street address _____

Revision Number	
Date	
Page	of

8. Facility mailing address _____
street or P.O. Box

9. Contact person _____ Telephone (_____) _____
city state zip

Title _____

Mailing address _____
street or P.O. Box

city state zip

E-mail address _____

10. Operator's name _____ Telephone (_____) _____

Mailing address _____
street or P.O. Box

city state zip

E-mail address _____

11. Facility owner's name _____ Telephone (_____) _____

Mailing address _____
street or P.O. Box

city state zip

E-mail address _____

12. Legal structure
- Corporation Non-profit corporation Partnership Individual
- Local government State government Federal government Other

13. If an individual, partnership, or business is operating under an assumed name, specify the county and state where the name is registered.

County _____ State _____

14. If the legal structure is a corporation, indicate the state of incorporation.

State of incorporation _____

15. If the legal structure is an individual or partnership, list the owners.

Name _____

Address _____
Street or P.O. Box city state zip

Name _____

Address _____
Street or P.O. Box city state zip

4. Attach a topographic map which shows all the features indicated in the instructions for this part.
5. Is the facility located in a 100-year flood plain? Yes No
6. The facility complies with the wellhead protection requirements of Chapter 62-521, F.A.C.
 Yes No

C. Land Use Information

1. The present zoning of the site is _____.
2. If a zoning change is needed, what should the new zoning be? _____.

D. Operating Information

1. Is waste generated on-site? Yes No
2. List the NAICS codes (5 to 6 digits) _____

3. Use the codes and units provided in the instructions to complete the following table.
Specify:
 - a. Each process used for treating, storing or disposing of hazardous waste (including design capacities) at the facility, and
 - b. The hazardous waste(s) listed or designated in 40 CFR Part 261, including the annual quantities, to be treated, stored, or disposed by each process at the facility.

PROCESS CODE	PROCESS DESIGN CAPACITY AND UNITS OF MEASURE	HAZARDOUS WASTE CODE	ANNUAL QUANTITY OF HAZARDOUS WASTE AND UNITS OF MEASURE