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

Please Type or Print

A. General Information [40 CFR Part 270.13 (a)]

1. Type of Facility in accordance with Part 270.13(a)
   - [ ] TREATMENT
     - [ ] Tanks
     - [ ] Piles
     - [ ] Surface Impoundment
     - [ ] Incineration
     - [ ] Containment Building
     - [ ] Boiler / Industrial Furnace
     - [ ] Type of Unit _________________
     - [ ] Miscellaneous Unit
     - [ ] Type of Unit _________________
   - [ ] STORAGE
     - [ ] Containers
     - [ ] Tanks
     - [ ] Piles
     - [ ] Surface Impoundment
     - [ ] Containment Building
     - [ ] Miscellaneous Unit
     - [ ] Type of Unit _________________
   - [ ] DISPOSAL
     - [ ] Landfill
     - [ ] Land Treatment
     - [ ] Surface Impoundment
     - [ ] Miscellaneous Units
     - [ ] Type of Unit _________________

2. Type of application [40 CFR Part 270.13 (a)]:
   - [ ] Construction Permit
   - [ ] Operation Permit
   - [ ] Construction & Operation Permit
   - [ ] Research, Development & Demonstration (RD&D) Permit
   - [ ] Postclosure Permit
   - [ ] Clean Closure Plan
   - [ ] Subpart H Remedial Action Plan
   - [ ] Corrective Action

3. Revision Number: ____________

4. Date Current Operation Began, or is expected to begin: ____/____/_______

5. Facility Name [40 CFR Part 270.13 (b)] __________________________________________

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

7. Facility Location or Street Address [40 CFR Part 270.13 (b)] _______________________

8. Facility Mailing Address ________________________________________________________
   Street or P.O. Box _____________________________________________________________
   City State Zip __________________________________________________________________

9. Contact Person ______________________________ Telephone (_____) ________________
   Title _________________________________________________________________________
   Mailing Address _______________________________________________________________
   Street or P.O. Box _____________________________________________________________
   City State Zip __________________________________________________________________

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10. Operator Name [40 CFR Part 270.13 (d)] ____________________________________________
    Telephone (___) __________________
    Mailing Address ________________________________________________________________
    Street or P.O. Box ________________________________________________________________
    City State Zip
    Operator E-mail _________________________________________________________________

11. Facility owner’s name [40 CFR Part 270.13 (e)] ________________________________
    Telephone (___) __________________
    Mailing address ________________________________________________________________
    Street or P.O. Box ________________________________________________________________
    City State Zip
    E-mail address __________________________________________________________________

12. Legal structure [40 CFR Part 270.13 (d)]
    □ 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

16. Site Ownership Status
    Owned □ To be purchased □ To be leased _____ years
    Presently leased; the expiration date of the lease is ___/___/______.
If leased, indicate land owner’s name. ____________________________________________

Address ________________________________________________________________

Street or P.O. Box  City  State  Zip

E-mail address ____________________________________________________________

17. Name of Engineer ___________________________ Registration No. __________________

Address ________________________________________________________________

Street or P.O. Box  City  State  Zip

Associated with: ____________________________

18. Is the facility located on Tribal land [40 CFR Part 270.13 (f)]?  ☐ Yes  ☐ No

19. Existing or pending environmental permits (attach a separate sheet, if necessary):

[40 CFR Part 270.13 (k)]

<table>
<thead>
<tr>
<th>NAME OF PERMIT</th>
<th>AGENCY</th>
<th>PERMIT NUMBER</th>
<th>DATE ISSUED</th>
<th>EXPIRATION DATE</th>
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B. Site Information [40 CFR Part 270.13 (b)]

1. The facility is located in __________________________ county.

The nearest community to the facility is ____________________________.

Latitude __________________________ Longitude __________________________

Method and datum ______________________________________________________

2. The area of the facility site is ___________ acres.

3. Attach a scale drawing and photographs of the facility showing the location of all past, present, and future treatment, storage and disposal areas. Include photographs and the locations of all Solid Waste Management Units and Areas of Concern. Also, show the hazardous wastes traffic pattern including estimated volume and control [40 CFR Part 270.13 (h)].

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) [40 CFR Part 270.13 (c)] _______ _______
   ____  ____  ____  ____  ____  ____  ____

3. Use the codes and units provided in the instructions to complete the following table. Specify [40 CFR Part 270.13 (i and j)]:

   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.

<table>
<thead>
<tr>
<th>PROCESS CODE</th>
<th>PROCESS DESIGN CAPACITY AND UNITS OF MEASURE</th>
<th>HAZARDOUS WASTE CODE</th>
<th>ANNUAL QUANTITY OF HAZARDOUS WASTE AND UNITS OF MEASURE</th>
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4. A brief description of the facility [40 CFR Part 270.13 (m)]:

5. For hazardous debris, a description of the debris category(ies) and contaminant category(ies) to be treated, stored or disposed of at the facility [40 CFR Part 270.13 (n)]:

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