



# Permit Application for Facilities which Treat, Store or Dispose of their own RCRA Hazardous Waste

Please complete this form in accordance with the instructions (DEP-HAZ-INST-600) and Section 22a-449(c) of the Connecticut General Statutes (CGS) in order to ensure the proper handling of your application. Print or type unless otherwise noted.

DEP USE ONLY	
Application No.	_____
Permit No.	_____

## Part I: Application Type

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> permit</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing permit</p>	<p>Please identify any previous or existing permit/authorization/registration number in the space provided:</p>  <p>Expiration Date:</p> <p>EPA Identification Number:</p>
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## Part II A: Permit Type and Fee Information

If applying for a permit modification, skip Part II.A. and proceed to Part II.B.

Type of Treat, Store or Dispose Hazardous Waste Facility (TSDF) Check all that apply:	Initial Fee (application fee + closure fee)	
<input type="checkbox"/> Storage and/or treatment of RCRA hazardous waste	\$25,250.00	(\$21,250.00 + \$4,000.00)
<input type="checkbox"/> RCRA Hazardous Waste (Landfill)	\$49,250.00	(\$45,250.00 + \$4,000.00)
<input type="checkbox"/> Incineration of RCRA hazardous waste	\$49,250.00	(\$45,250.00 + \$4,000.00)

## Part II B: Permit Modification Type and Fee Information

Note: If you are seeking a permit modification, you should consult with the Waste Engineering and Enforcement Division (WEED) at 860-424-3372 for specific requirements on modifications prior to submitting a permit application to determine what materials you will be required to submit for your type of modification.

Type of Permit Modification for a Section 22a-449(c) TSDF Check the appropriate box:	Initial Fee
<input type="checkbox"/> Class I Permit Modification <i>Not</i> Requiring Approval of the Commissioner	\$470.00
<input type="checkbox"/> Class I Permit Modification Requiring Approval of the Commissioner	\$940.00
<input type="checkbox"/> Class II or Class III Permit Modification	\$21,250.00

### Part III: Applicant Information

**1. Fill in the name of the applicant(s) as indicated on the *Permit Application Transmittal Form (DEP-APP-001)*:**

Applicant:

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's interest in property or facility at which the proposed activity is to be located:  
(check all that apply)

- site owner       option holder       lessee       facility owner  
 easement holder       operator       other (specify): \_\_\_\_\_

Company Name: \_\_\_\_\_

FEIN number, if applicable: \_\_\_\_\_

- Check here if there are co-applicants. If so, label and attach additional sheet(s) with the required information to this sheet.

**2. List primary contact for departmental correspondence and inquiries, if different than the applicant:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**3. List attorney or other representative, if applicable:**

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney: \_\_\_\_\_

Email: \_\_\_\_\_

**4. Facility Operator:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Operator Type (check one):

- individual       private company       federal       state       municipal

**Part III: Applicant Information (cont.)**

**6. Site or Property Owner, if different than the applicant:**  
Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext. Fax:  
Contact Person: Title:  
Type (check one):  
 individual     private company     federal     state     municipal

**7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity:**  
Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext. Fax:  
Contact Person: Title:  
Email:  
Service Provided:  
 Check here if additional sheets are necessary, and label and attach them to this sheet.

**Part IV: Site Information**

**1. FACILITY NAME AND LOCATION**  
Name of facility :  
Street Address or Location Description:  
  
City/Town: State: Zip Code:  
Tax Assessor's Reference: Map Block Lot  
Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds:  
Latitude: Longitude:  
Method of determination (check one):  
 GPS     USGS Map     Other (please specify):  
If a USGS Map was used, provide the quadrangle name:]

## Part IV: Site Information (cont.)

2. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands?  Yes  No

3. **COASTAL BOUNDARY:** Is the activity which is the subject of this application located within the coastal boundary as delineated on DEP approved coastal boundary maps?  Yes  No

If yes, and this application is for a new authorization, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your application as Attachment D.

4. **ENDANGERED OR THREATENED SPECIES:** Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"?  Yes  No Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base (CT NDDDB) Review Request Form* (DEP-APP-007) to the address specified on the form. **Please note NDDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant. DEP strongly recommends that applicants complete this process before submitting the subject application.**

When submitting this application form, include copies of any correspondence to and from the NDDDB, including copies of the completed *CT NDDDB Review Request Form*, as Attachment E.

For more information visit the DEP website at [www.ct.gov/dep/endorangeredspecies](http://www.ct.gov/dep/endorangeredspecies) (Review/Data Requests) or call the NDDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes  No

If yes, is the site within an area identified on a Level A or Level B map?  Yes  No

To view the applicable list of towns and maps visit the DEP website at [www.ct.gov/dep/aquiferprotection](http://www.ct.gov/dep/aquiferprotection)

To speak with someone about the Aquifer Protection Areas, call 860-424-3020.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction?  Yes  No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment F. See the instructions under this part for more details.

7. **ENVIRONMENTAL JUSTICE COMMUNITY:** Does the site include an applicable facility which is located within an Environmental Justice Community, as defined in the Environmental Justice Public Participation Guidelines (Guidelines) [www.ct.gov/dep/environmentaljustice](http://www.ct.gov/dep/environmentaljustice)?  Yes  No

If yes and this application is for a new or expanded permit, you must prepare an Environmental Justice Public Participation Plan (DEP-EJ-PLAN-001) in accordance with the Guidelines and submit such plan to:

Environmental Justice Program  
Office of the Commissioner  
Department of Environmental Protection  
79 Elm Street  
Hartford, CT 06106-5127

**prior** to submitting this application. Once you have received written approval for your Environmental Justice Public Participation Plan from the DEP, submit this completed application with a copy of the Plan approval as Attachment G.

**Part IV: Site Information (cont.)**

8. Groundwater classification of the site:

9. Surface water bodies which may be impacted:  
 Name: \_\_\_\_\_ Surface Water Classification: \_\_\_\_\_  
 Name: \_\_\_\_\_ Surface Water Classification: \_\_\_\_\_

10. IDENTIFY NAICS CODE(S) OF THE FACILITY:

**Part V: Activity Information**

Please complete the tables below accordingly. Refer to the instructions (DEP-HAZ-INST-600) for waste and process codes.  Check here if additional sheets are necessary, and label and attach them to this sheet.

**Non-RCRA Hazardous Wastes:**

Waste Codes	Waste Description	Process Description or Code (treatment, storage, recycling, transfer and/or disposal)	Maximum Amount of Waste Processed / Year	Units of Measure

**RCRA Hazardous Wastes:**

Waste Codes	Waste Description	Process Description or Code (treatment, storage, recycling, transfer and/or disposal)	Maximum Amount of Waste Processed /Year	Units of Measure

**Part V: Activity Information (cont.)**

**Processing Information:**

Process Codes	Process Description	Design Capacity	Actual Capacity	Units of Measure

**Additional Waste Processing Information:**

Process Description	Design Capacity	Actual Capacity	Units of Measure

## Part VI: Supporting Documents

Please check the attachments submitted as verification that *all* applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on the *Permit Application Transmittal Form*.

- Attachment A: Executive Summary
- Attachment B: *Applicant Background Information* (DEP-APP-008)
- Attachment C: *Applicant Compliance Information* (DEP-APP-002)
- Attachment D: *Coastal Consistency Review Form* (DEP-APP-004), if applicable
- Attachment E: CT NDDDB Information, if applicable
- Attachment F: Conservation or Preservation Restriction, if applicable
- Attachment G: Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable
- Attachment H: Business Information
  - Facility Ownership, Control, and Use Agreements
  - Agreements between Parties and Service Agreements and Contracts
  - Planning and Zoning Approval
- Attachment I: Facility Plans
  - Facility Description
  - United States Geological Survey Topographic Map
  - Facility Site Plan
  - Facility Process Flow Diagram
- Attachment J: Process Design and Operating Criteria
- Attachment K: Waste Analysis Plan
- Attachment L: Inspection Schedule and Log
- Attachment M: Emergency Plan and Preparedness
- Attachment N: Security Plans
- Attachment O: Personnel Training
- Attachment P: Operating Records
- Attachment Q: Closure Plan and Cost Estimate
- Attachment R: Financial Assurance
- Attachment S: RCRA Hazardous Waste Part A Permit Application (EPA Form 8700-23) and RCRA Part B Permit Application Checklist
  - EPA Form 8700-23
  - RCRA Part B Permit Application Checklist

## Part VII: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that I will comply with all notice requirements as listed in section 22a-6g of the General Statutes."</p>	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Name of Applicant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, consultants, etc.).	

Note: Please submit the *Permit Application Transmittal Form*, Application Form, Fee, all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

***Please remember to publish notice of the permit application immediately after submitting your completed application to DEP and send a copy of the notice to the chief elected officials of the municipality in which the regulated activity is proposed.***