GOVERNMENT OF THE U.S. VIRGIN ISLANDS
DEPARTMENT OF PLANNING & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION
Telephone: (340) 773-1082 / 774-3320
Fax: (340) 773-9310

DPNR use only: Payment Type ____ Check ____Cash

Date Received_____ Receipt No._____

Permit No._____ Date Issued_____

Application for Hazardous Waste Generator and Storage Permit

A Hazardous waste generator is required to apply for an annual hazardous waste permit and abide by the requirements of Title 19 Chapter 56 section 1560-501. The initial permit fee is $150.00. Permit expires December 31st of each year. Please submit the completed form to DPNR-DEP.

A. General Information

1. **Type of facility:**

Disposal [ ]

a) landfill	[ ]	c) land treatment	[ ]
b) surface impoundment	[ ]	d) miscellaneous units	[ ]

Storage [ ]

a) containers	[ ]	d) tanks	[ ]
b) piles	[ ]	e) surface impoundment	[ ]
c) containment building	[ ]	f) miscellaneous units	[ ]

Treatment [ ]

a) tanks	[ ]	d) piles	[ ]
b) Incineration	[ ]	e) surface impoundment	[ ]
c) miscellaneous units	[ ]	f) boiler/industrial furnace	[ ]
types of units_____		types of unit _____	

2. Application for (choose one): _____ New Permit _____Renewal Permit
3. Facility Name: _____
4. EPA I.D. No. _____
5. Facility Address:_____
   Street City State Zip Code
6. Contact Person: _____Telephone___(___)_____
7. Name of Facility Owner: _____
8. Mailing Address of Facility Owner:_____
9. Business Phone: ___(___)_____ 24 Hour Emergency Phone: __(___)_____

10. Contact person_____Telephone___(____)_____

    Title_____

    Mailing Address:_____
    Street City State Zip Code

11. Operator's Name: _____Telephone___(___)_____

12. Operator's Address:_____
    Street City State Zip Code

13. Name of Property Owner: _____

14. Mailing Address of Property Owner:_____
    Street City State Zip Code

15. Legal structure: [ ] Corporation [ ] Non-profit Corporation [ ] Partnership [ ] Individual
    [ ] Local Government [ ] State Government [ ] Federal Government [ ] Other

16. If an individual, partnership, or business is operating under an assumed name, specify the district where the name is registered.

17. Method of removal (Check one):_____1. By Applicant, to where: _____
    _____2. By transporter, company name:_____

18. Maximum amount of hazardous waste generated during any 30-day period: _____lbs.

19. Branch Offices : ____Yes ___No If yes, attach sheet with complete name, address and phone number of branch office(s)

Check type of waste generated:

	01. Medical Infectious Waste		07. Contaminated Sludge from Sewage or Water Supply Treatment Plant
	02. Non-Hazardous Industrial/ Commercial		08. Non-Residential Raw Sewage or Sewage-Contaminated Waste
	03. Waste Tires		09. Hazardous Industrial/Commercial (EPA #ID required)
	04. Asbestos		10. Contaminated Waste Oil
	05. Petroleum Contaminated Soil		11. Low-Level Radioactive Waste
	06 Grease Trap Wastes		12. Other

The information contained in this application, which serves as a basis for permitting is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is ground for denial, administrative fine or revocation of the infectious waste permit. Infectious medical waste shall be handled within the facility in accordance with the generator's written operating plan.

_____ _____ _____
Signature of Authorized Representative Name of Authorized Representative (print or Type) Date