



**GOVERNMENT OF THE UNITED STATES  
VIRGIN ISLANDS**

=====

**DEPARTMENT OF PLANNING AND NATURAL RESOURCES  
DIVISION OF ENVIRONMENTAL PROTECTION**

**45 MARS HILL**

**FREDERIKSTED, ST. CROIX, VI 00840**

**PHONE: (340) 773-1082, FAX: (340) 773-9310**

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**USED OIL PERMIT APPLICATION**

(Please read instructions carefully)

Check the permit(s) applying for:

☐ **TO GENERATE USED OIL**

☐ **TO STORE USED OIL**

**Section I - Facility Name, Address, and Hours of Operation**

Name of business or Government entity: \_\_\_\_\_

Type of business: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

**Provide the physical address where used oil will be generated and/or stored.**

Physical address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This box must be completed by applicant:

Tax assessor's ID number: \_\_\_\_\_

EPA ID number: \_\_\_\_\_

VI Business license (DLCA) number: \_\_\_\_\_

## **BUSINESS OPERATION**

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

List names of all on-site managers and/or operators of facility.

1. \_\_\_\_\_

Duty hours: \_\_\_\_\_

2. \_\_\_\_\_

Duty hours: \_\_\_\_\_

3. \_\_\_\_\_

Duty hours: \_\_\_\_\_

List at least three emergency contact(s) and their physical addresses:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Emergency telephone no(s)/beeper no(s): \_\_\_\_\_

Hours of operation of facility: \_\_\_\_\_

## **Section II – Ownership Information**

### **CORPORATE OFFICIALS**

President: \_\_\_\_\_

Telephone/fax nos: \_\_\_\_\_

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

Resident agent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

## OWNER OF BUSINESS

(Please provide the name(s) of the business owner(s), if different from the corporate officials.)

Type of Ownership (ie. Corporation, Sole Proprietorship, etc.)

\_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Provide the owner's mailing address in the spaces provided below:

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Provide a physical address, for the facility owner, if different from the mailing address above.

Physical address: \_\_\_\_\_

\_\_\_\_\_

## PROPERTY OWNER

Please provide the name of the property owner, if different from the facility owner.

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## FACILITY CONTACT

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_

### Section III - Other Related Information

#### OTHER ENVIRONMENTAL PERMITS

Permit Number (s): \_\_\_\_\_ Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### NATURE OF BUSINESS (Provide a brief description of activities conducted.)

#### Section IV - Generated Waste Information

Source(s) of used oil:	Type of oil:	Point of Generation:	
1.	Engine oil		
2.	Hydraulic Oil		
3.	Crankcase Oil		
	Other (Identify by Name)		
Quantity of used oil generated per month:			
Quantity of used oil stored per month:			
Quantity of used oil that is generated by others but added to your used oil.			
Quantity of used oil stored on site at time of application:			
Type and capacity of storage containers:	Type	Capacity	
	1.	1.	
	2.	2.	
	3.	3.	
Location of storage containers:			
Description of storage area:			
Frequency of Off-site Shipments:	Check box	Enter # of Wks or Months	
(Please check the appropriate box at right, and enter the appropriate number of weeks or months.)	Monthly		
	Every		Week(s)
	Every		Month(s)
	Annually		
	Other:		

Attach to application a copy of plot plan detailing location of storage area.

Is this facility a "Do It Yourselfer": (DIY) used oil collection center? Yes \_\_\_\_\_ No \_\_\_\_\_

**USED OIL SHALL BE STORED IN TANKS AND CONTAINERS, AS REQUIRED BY PART 279 OF TITLE 40 OF THE CODE OF FEDERAL REGULATIONS (CFR) ALL STORAGE TANKS AND CONTAINERS SHALL BE CLEARLY LABELED "USED OIL" AND LOCATED WITHIN A SECONDARY CONTAINMENT AREA WITH AN IMPERVIOUS BASE THAT SHALL HAVE A CAPACITY OF NO LESS THAN 110% OF THE CAPACITY OF LARGEST TANK OR CONTAINERS WITHIN THE STORAGE AREA.**

**IMPORTANT: YOU ARE REQUIRED TO REPORT OIL LEAKS AND SPILLS TO THE DEPARTMENT OF PLANNING AND NATURAL RESOURCES. ALL PETROLEUM SPILLS INTO U.S. AND V.I. WATERS MUST BE REPORTED TO THE U.S. EPA, THE U.S. COAST GUARD AND THE DEPARTMENT OF PLANNING AND NATURAL RESOURCES/DEP.**

A Spill Prevention, Control and Countermeasure (SPCC) Plan, as defined and outlined in 40 CFR Part 112, may be required for your operation if either of the following applies.

<b>Please read the questions in the boxes below, and check the appropriate response.</b>		
Is any single container or tank on site designed to store <b>greater than 600 gallons?</b>	Yes	No
Does your facility currently stores or anticipates accumulating <b>more than 1320 gallons</b> of used oil at any given time?	Yes	No
<b>NOTE:</b> If an SPCC plan is required, you must list separately, all spill containment and cleanup equipment and supplies that are available on site.		

PLEASE NOTE THAT ALL INFORMATION BEING PROVIDED IN THIS APPLICATION WILL BE USED IN DETERMINING YOUR ABILITY TO PROCURE A PERMIT. THEREFORE, THE INFORMATION MUST BE **TRUE AND ACCURATE.**

**APPLICANT AGREES TO ABIDE BY ALL PROVISIONS OF THE PERMIT, WHICH IS ISSUED PURSUANT TO THIS APPLICATION, AND WILL PROMPTLY INFORM THIS DIVISION OF ANY CHANGES OR MODIFICATIONS TO THE INFORMATION FURNISHED HEREIN.**

Signature of Applicant: \_\_\_\_\_

(If applicant is a corporate officer who is signing on behalf of a corporation please attach appropriate corporate resolution authorizing same.)

<u>Do Not Write in This Box</u> <b>FOR OFFICIAL USE ONLY</b>	
Date Received _____	Permit No. issued _____ : <input type="checkbox"/> New Permit
Date Issued _____	<input type="checkbox"/> Renewal