



Washington State Dangerous Waste Permit Application: Part A Form and Instructions

Anyone who wants to own or operate a facility where dangerous waste is treated, stored, or disposed must obtain a *dangerous waste management facility permit* under the Washington State *Hazardous Waste Management Act*, chapter 70.105 Revised Code of Washington (RCW). The Washington State Department of Ecology (Ecology) issues these permits.

There are two parts to a dangerous waste permit application – Part A and Part B. This booklet provides the Part A form and instructions for completing the form. The completed Part A consists of the attached form, along with maps, drawings, and photographs, as required by Chapter 173-303-803(3) Washington Administrative Code (WAC).

Part B of the application contains detailed, site-specific information such as geologic, hydrologic, and engineering data and plans. There is no form for the Part B permit application. WAC 173-303-800 through 840 specifies the information that is required in the Part B application and the process that is used to evaluate the permit and make a final permit decision. Instructions on preparing the Part B application for a storage or treatment facility are in Ecology publication #95-402.

Generators that meet specific standards are exempt from obtaining a permit. To be a *generator*, a facility must ship wastes it produces off-site before exceeding set *accumulation* limits and deadlines. Some other activities are also exempt from a permit when the facility meets required standards.

For more information, contact a hazardous waste specialist at the regional office for the county in which the facility is located. Refer to *Application Submittal*.

US EPA's Role

The US Environmental Protection Agency (EPA) regulates management of *hazardous waste*. The EPA program has many similarities to the state's program to manage *dangerous waste*, although EPA regulates a smaller group of wastes than the state. To avoid duplication, EPA has *authorized* the State of Washington's dangerous waste management program.

The Washington State Department of Ecology is the state agency with the authority to implement the state's dangerous waste management program.

This means that completion of the state Part A form meets the needs of both the state and federal programs. Ecology coordinates with EPA as necessary when there are federal requirements that the state has not yet adopted and been authorized to implement.

Application Submittal

Contact the Ecology office that will process the permit application to find out how many copies to submit. To learn where to send the application, contact the office serving the county in which your facility is located. Ask for the Hazardous Waste Section. One copy of the application must have original signatures for the certification statements. Regional offices and the counties they serve are:

Central Regional Office

1250 West Alder Street
Union Gap, WA 98903-0009
(509) 575-2490
Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, and Yakima

Eastern Regional Office

4601 N Monroe
Spokane, WA 99205-1295
(509) 329-3400
Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman

Northwest Regional Office

3190 160th Avenue S.E.
Bellevue, WA 98008-5452
(425) 649-7000
Island, King, Kitsap, San Juan, Snohomish, Skagit, Whatcom

Southwest Regional Office

P.O. Box 47600
Olympia, WA 98504-7600
(360) 407-6000
Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum

Completing the Part A Form

Please type or print in the unshaded areas using dark ink. For some information, the form provides cells or boxes for each character in the response. When typing, space between characters, so that each character is in a box. There is an electronic version of the Part A form; it is a Microsoft® Word table. When completing the electronic form, please use the tab-key or mouse to move from cell to cell while entering characters. Contact the Hazardous Waste and Toxics Reduction Program, or the Ecology office that will process the application, to obtain the electronic form.

You may need to use additional sheets to provide the required information (e.g., photos, drawings). On each sheet, clearly indicate the number of the item for which you are providing information.

Unless otherwise specified in these instructions, each item must be answered. If a particular item does not fit the circumstances or characteristics of your facility or activity, enter "NA" for "not applicable." If more space is necessary to answer a question, attach a separate sheet entitled "Additional Information."

If a Part A Permit Application is incomplete, Ecology's decision on the facility's application -- or modification request -- will be delayed while the department requests and receives a revised form for review.

Note that WAC 173-303-803(3)(n) requires the Part A form include a description of hazardous debris to be managed at the facility. List any hazardous debris to be managed at the facility in Section XIV *Description of Hazardous Waste*. The Part A form does not include a separate list for hazardous debris.

Confidential Information

All information submitted in the Part A form is subject to public disclosure under the State of Washington Public Records Act, Chapter 42.17 RCW and Chapter 43.21A.160 RCW. Since this form is also filed with EPA, the information it contains is also subject to public disclosure under the Freedom of Information Act, 5 U.S.C. Section 552, and EPA's Business Confidentiality Regulations, 40 CFR Part 2 (see especially 40 CFR § 2.305).

Persons filing the Part A form may ask that the agencies hold selected information confidential. The applicant must clearly mark "confidential business information" on the specific information for which confidential treatment is requested. In addition, the applicant must substantiate the claim in writing. Ecology and EPA will evaluate the request and determine whether to approve

or deny it. Both state and federal standards must be met, because both EPA and Ecology have jurisdiction over dangerous waste management facilities. Ecology will determine whether to grant a request under state laws; EPA will rule on compliance with federal requirements. Until the agencies have made their determinations, access to the material will be restricted to federal and state employees who are involved in making the confidentiality determination.

If portions of the application are certified as confidential, they will be made available to Ecology and EPA staff reviewing the application, but will not be disclosed to members of the public.

An applicant's demonstration of confidentiality must include both general information about the figures or items to be treated as confidential and specific information required under state and/or federal law.

State requirements

To obtain a certification of confidentiality under state law, you must show how the information relates to production processes unique to the company or how disclosure of the information may adversely affect the company's competitive position; see c. under *Confidentiality Demonstration*. For Ecology to approve a request, granting confidentiality must not be detrimental to the public interest and must be in accord with the policies and purposes of Chapter 43.21A RCW; see RCW 43.21A.010, 020, and 160.

Federal requirements

To obtain a certification of confidentiality under federal law, you must show that you have treated the information as confidential by restricting access to it; refer to item d. under *Confidentiality Demonstration*.

If the company obtains a certification of confidentiality, EPA will disclose the information only to the extent and by means of the procedures in 40 CFR Part 2 (Public Information) and 40 CFR § 270.12.

Confidentiality Demonstration

For each figure or item for which confidentiality is claimed:

- a. Identify which portions of the figure or item are entitled to confidential treatment;
- b. State how long the information should be treated as confidential;
- c. Describe:
 - i. How the processes are unique to the business; or
 - ii. How the company's competitive position may be adversely affected if the information is released to the public or to a competitor. To make this demonstration, describe what harmful effects disclosure would have on your competitive position and why they should be viewed as substantial. Explain the causal relationship between disclosure and the harmful effects; and
- d. Describe:
 - i. What measures have been taken to guard against undesired disclosure of the information to others;
 - ii. To what extent the information has been disclosed to others, and what precautions were taken in connection with that disclosure; and
 - iii. Whether any other state or federal agency has made a determination of confidentiality for the information. If so, include a copy of the determination.

Line-by-Line Instructions for Completing Part A Form

Section I: Purpose of Submittal

Enter an "X" in the appropriate box.

Applicants must resubmit the Part A form in its entirety when requesting a change under interim status or revising an application for a first-time permit or permit renewal. Facilities may be able to submit changed pages when requesting a permit modification. To learn if changed pages are acceptable, contact the appropriate Regional Office; refer to page 1.

Section II: EPA/State Identification Number

Space is provided for the site's EPA/State identification number. If you do not know the site's identification number, or if you don't have an identification number, please contact Ecology at (360) 407-6700. Someone will provide the site's identification number or send a Form 2, *Notification of Dangerous Waste Activities*, so that you can apply for an identification number. If your facility is new (not yet constructed) and you have not obtained an identification number, leave this item blank.

Section III: Name of Facility

Enter the facility's official or legal name. Avoid using an informal name.

Section IV: Facility Location

A. Address. Enter the address or location of the facility identified in Section III of this form. *Please note that the address must be a physical address, not a post office box or route number.* If the facility lacks a street name, give the most accurate alternative geographic information (e.g., provide the section number or quarter section number from county records or a brief description such as "at intersection of Rts. 425 and 22"). Provide the county's name and, if known, the county's code.

B. Land type. Using the following codes, indicate the code that *best describes* the current legal status of the land on which the facility is located.

F = Federal	C = County
S = State	M = Municipal*
I = Indian	D = District
P = Private	O = Other

*If the Land Type is *best described* as both Municipal and as Indian, County, or District, please do not mark Municipal. Instead, please use the other appropriate code.

C. Geographic Location: Enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities, enter the latitude and longitude at the approximate mid-point of the facility. You may use the map provided for Item XV to determine latitude and longitude.

D. Facility Existence Date. Enter the appropriate date that applies to your facility. This will be the earliest of the following:

1. The date the facility was first regulated as a hazardous waste (or dangerous waste) management facility because new state or federal regulations caused a waste to be newly regulated as hazardous waste (or dangerous waste).
2. The date a “final status” – or Part B – permit was issued and in effect.

Section V: Facility Mailing Address

Enter the complete mailing address of the office where correspondence should be sent. This may differ from the address used to designate the location of the facility or activity. If the Mailing Address and the Facility Location are the same, you can print “same” in this space.

Section VI: Facility Contact

Enter the name, title, address, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this Part A form and who can be contacted if necessary.

Section VII: Facility Operator

A. Name/address. Enter the name and address, as it is legally referred to, of the person, firm, public organization, or any other entity that operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity that controls the facility’s operation rather than the plant or site manager. Do not use an informal or colloquial name. Also, provide a telephone number and address at which the operator can be contacted.

B. Operator type. Using the following codes, indicate the code which *best describes* the legal status of the current operator of the facility.

F = Federal	C = County
S = State	M = Municipal*
I = Indian	D = District
P = Private	O = Other

*If the Land Type is *best described* as both Municipal and as Indian, County, or District, please do not mark Municipal. Instead, please use the other appropriate code.

C. Change of operator. If a change in the operator of this facility is being proposed, place an “X” to the left of the box marked “Yes” and enter the date the operator is scheduled to change (this date must be at least 90 days after the request to change operators, refer to WAC 173-303-830(2) or 805(7)(a)(iv)). If no change is scheduled, mark “no.”

D. Operator and owner the same? If the name listed in this section is also the owner, mark “yes” and skip to Section IX.

Section VIII: Owner Information

A. Name/address. Enter the name, address and telephone number of the legal owner(s) of the facility described in this application, including the property owner. This may or may not be the same name as the facility. Use the comment section or additional sheets if necessary to list more than one owner.

B. Owner type. Using the codes listed on the form, indicate the code that *best describes* the legal status of the owner of the facility.

F = Federal
S = State
I = Indian
P = Private
C = County
M = Municipal*
D = District
O = Other

*If the Land Type is *best described* as both Municipal and as Indian, County, or District, please do not mark Municipal. Instead, please use the other appropriate code.

C. Change of owner. If a change in the owner of this facility is being proposed, place an "X" in the box marked "Yes" and enter the date the owner is scheduled to change. This date must be at least 90 days after the request to change owner, refer to WAC 173-303-830(2) or 805(7)(a)(iv). If no change is scheduled, mark "no."

Section IX: NAICS Codes

List, in descending order of significance, the North American Industry Classification Systems (NAICS) codes that best describe your facility in terms of the principal products or services you produce or provide. Enter each 5- or 6- digit NAICS code starting in the left-most box. If you use a 5-digit code, leave the sixth box blank. Also, specify each classification in words. These classifications may differ from the NAICS codes describing the operations generating and/or managing the dangerous wastes.

Note: the North American Industry Classification System (NAICS) replaces the U.S. Standard Industrial Classification (SIC) system.

Section X: Other Environmental Permits

A. Permit type. Using the codes listed below, enter a letter on the form for all other environmental permits received or applied for under any of the following programs:

U = Underground Injection Control Code (UIC) program under the Solid Waste Disposal Act (SWDA)

N = National Pollutant Discharge Elimination System (NPDES) program under the Clean Water Act (CWA)

P = Prevention of Significant Deterioration (PSD) program under the Clean Air Act (CAA)

F = EPA 404 Dredge or Fill permits under Section 404 of the Clean Water Act (CWA)

E = Other relevant environmental permits. List any other relevant federal (e.g., permits under the Ocean Dumping Act, permits under the Marine Protection Research and Sanctuaries Act); state (e.g., state permits for new air emission sources in non-attainment areas under Part D of the Clean Air Act

(CAA), or state permits under Section 404 of the Clean Water Act (CWA)); or local environmental permits or applications such as substantial development permits under the Shoreline Management Act, building or grading permits, or a sanitary landfill permit, or construction approvals received under any of these programs.

B. Permit Number. Enter the number of each presently effective permit issued to the facility for each program. If you filed an application, but have not yet received a permit, give the number of the application. If there are more than seven permits for your facility, you may list additional permit numbers on a separate sheet of paper.

C. Description. Use the space provided for information identifying or describing the permits; e.g., City industrial wastewater discharge permit.

Section XI: Nature of Business

Briefly describe the nature of your business; e.g., products produced or services provided. Also, briefly describe what the facility does that requires a permit and other dangerous waste management activities, such as recycling (these may or may not be your main business activities). Include a brief statement providing the status of corrective action(s) taken under the Dangerous Waste Rules, the Model Toxics Control Act, or federal regulations; for example, *remedial investigation is underway*. Attach additional sheets if necessary.

Section XII: Process Codes and Design Capacities

Describe all processes that will be used to treat, store, or dispose of dangerous wastes at the facility. The design capacity of each process must be provided as part of the description. The design capacity of injection wells and landfills at existing facilities should be measured as the remaining, unused capacity. For tank storage (S02), list the total tank storage capacity on one line and indicate the number of tanks under C. *Process Total Number of Units*. Do the same for tank treatment (T01). For container storage, combine all storage capacity on one line and list the number of container storage units under C. *Process Total Number of Units*.

Indicate the location of each process listed in this item on the map provided in response to Section XV, the drawing provided in response to Section XVI, and/or the photographs provided in response to Section XVII.

Provide the following information:

A. Process Code. Enter the code from Table 2. *Process Codes* that best describes each process to be used at the

facility. Twenty-five lines are available for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes in Table 2, then describe the process (including its design capacity) in the space provided in Section XIII.

B. Process Design Capacity.

B(1) Amount. Enter the amount of design capacity. In a case where design capacity is not applicable (such as in closure/post-closure or an enforcement action) enter the total amount of waste for that process.

B(2) Unit of Measure. For each amount entered in column B(1), enter the appropriate code from the list of unit measure codes in Table 1. Use only the listed units of measure.

C. Process Total Number of Units. Enter the total number of units that have a specific process code. For tanks, count each tank. For example, if there are two tank farms, one with 3 tanks and one with 4 tanks, enter 7. For containers, count each storage area or unit. For two container storage areas, one with 500 containers and the other with 600 containers, enter 2.

Table 1: Unit of Measures for Sections XII and XIII.					
Unit Of Measure	Code	Unit Of Measure	Code	Unit Of Measure	Code
Gallons.....	G	Short Tons Per Hour	D	Cubic Yards.....	Y
Gallons Per Hour	E	Metric Tons Per Hour.....	W	Cubic Meters	C
Gallons Per Day	U	Short Tons Per Day	N	Acres.....	B
Liters	L	Metric Tons Per Day.....	S	Acre-Feet	A
Liters Per Hour.....	H	Pounds Per Hour.....	J	Hectares	Q
Liters Per Day	V	Kilograms Per Hour	R	Hectare-Meter	F
		Million Btu Per Hour.....	X	Btu Per Hour	I

Table 2. Process Codes

Process Code	Process	Units Of Measure For Process Design Capacity	Process Code	Process	Units Of Measure For Process Design Capacity
Disposal:			Treatment:		
D79	Underground Injection well disposal	Gallons; Liters; Gallons/day; Liters/day	T01	Tank treatment	Gallons/day; Liters/day; Short tons/hr; Metric tons/ hr; Gallons/hour; Liters/ hr; Short tons/day; Pounds/hr; Kilograms/hr; Metric Tons/day
D80	Landfill	Acre-feet; Hectares; Acres; Cubic Meters; Hectare-meters, Cubic yards	T02	Surface Impoundment	Gallons/day; Liters/day; Short tons/hr; Metric tons/ hr; Gallons/hr; Liters/hr; Short tons/day; Pounds/hr; Kilograms/hr; Metric Tons/day
D81	Land treatment	Acres or Hectares	T03	Incinerator	Gallons/day; Liters/day; Short tons/hr; Metric tons/ hr; Gallons/hr; Liters/hr; Btu/hr; Million Btu/hr; Kilograms/hr; Short tons/day; Pounds/hr
D82	Ocean disposal	Gallons/day; Liters/day	T04	Other treatment	Gallons/day; Liters/day; Short tons/hr; Metric tons/hr; Liters/hr; Btu /hr; Million Btu/hr; Kilograms/hr; Short tons/day; Pounds/hr; Metric Tons/day
D83	Surface impoundment disposal	Cubic Meters; Cubic Yards; Gallons; Liters	T80	Boiler	Gallons; Liters; Gallons/hr; Liters/hr; Btu/hr; Million Btu/hr
D99	Other disposal	Any unit of measure from Table 1.	T81	Cement Kiln	Gallons/day; Liters/day;
Storage:			T82	Lime Kiln	Short tons/hr; Metric tons/ hr; Liters/ hr; Btu /hr; Million Btu/hr;
S01	Container	Cubic Meters; Cubic Yards; Gallons; Liters	T83	Aggregate Kiln	Kilograms/hr ⁴ ; Short tons/day; Pounds/hr; Metric Tons/day
S02	Tank Storage	Cubic Meters; Cubic Yards; Gallons; Liters	T84	Phosphate Kiln	
S03	Waste pile	Cubic Meters; Cubic Yards	T85	Coke Oven	
S04	Surface Impoundment	Cubic Meters; Cubic Yards; Gallons; Liters	T86	Blast Furnace	
S05	Drip Pad	Gallons; Liters; Hectares; Acres; Cubic Meters; Cubic Yards	T87	Smelting, Melting, Refining Furnace	Gallons/day; Liters/day; Short tons/hr; Metric tons/ hour;
S06	Containment Bldg. Storage	Cubic Meters; Cubic Yards	T88	Titanium Dioxide Chloride Oxidation Reactor	Gallons/hour; Liters/ hr; Btu/ hr; Million Btu/hr; Kilograms/hr; Short tons/day; Pounds/hr
S99	Other Storage	Any unit of measure from Table 1.	T89	Methane Reforming Furnace	
Misc. (Subpart X):			T90	Pulping Liquor Recovery Furnace	
X01	Open Burning/Open Detonation	Any unit of measure from Table 1.	T91	Combustion Device Used in the Recovery of Sulfur Values from Spent Sulfuric Acid	
X02	Mechanical Processing	Gallons/day; Short tons/ hr; Metric tons/ hr; Gallons/hr; Liters/hr; Short tons/day; Pounds/ hr; Kilograms/hr; Metric Tons/day	T92	Halogen Acid Furnaces	
X03	Thermal Unit	Gallons/day; Liters/day; Short tons/hr; Metric tons/ hr; Btu / hr; Million Btu/hr; Kilograms /hr; Short tons/day; Pounds/hr; Metric Tons/day	T93	Other Industrial Furnaces listed in 40 CFR §260.10	
X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meters; Gallons; or Liters	T94	Containment Bldg. Treatment	Cubic Meters; Cubic Yards; Gallons/day; Liters/day; Short tons/hr; Metric tons/ hr; Gallons/hr; Liters/hr; Btu/ hr; Million Btu/hr; Kilograms/hr; Short tons/day; Pounds/hr; Metric Tons/day
X99	Other Subpart X	Any unit of measure from Table 1.			

Section XIII: Other Processes

Describe processes for which the codes D99, S99, T04, or X99 were listed in Section XII. If none of these codes are listed in Section XII, then leave this table blank. If more lines are needed, attach a separate sheet of paper with the additional information.

A. Process codes. List the "other" process codes provided in Section XII; that is, D99, S99, T04, and/or X99. A process code may be on the list more than once. This can occur if there is more than one type of process for which you listed a D99, S99, T04, or X99 code.

B. Process Design Capacity.

B(1) Amount. Enter the amount. In a case where design capacity is not applicable (such as in closure/post-closure or in an enforcement action) enter the total amount of waste for that process unit.

B(2) Unit of Measure. For each amount entered in column B(1), enter the code from the list of unit measure codes in Table 1 that describes the unit of measure used. Use only the listed units of measure.

C. Process Total Number of Units. Enter the total number of units that have a specific process code.

D. Process Description. Provide a short narrative description of the process; for example, *in-situ vitrification*.

Section XIV: Description of Dangerous Wastes

Describe all the dangerous wastes that will be treated, stored, or disposed at the facility. In addition, for each dangerous waste, provide the processes that will be used to treat, store, or dispose of the waste and the estimated annual quantity of the waste.

Note: Submission of a revised Part A Permit Application is required before a facility begins treating, storing, or disposing of new dangerous wastes; that is, dangerous waste not previously identified in the facility's Part A Permit Application. Changes in the quantity of dangerous wastes previously specified in this section of the Part A Permit Application can be made without submitting a revised form, provided the quantity does not exceed the process design capacities specified in sections XII and XIII in the existing Part A.

For each dangerous waste that you will manage, provide the following information:

A. Dangerous Waste Number(s). Enter the four-digit number(s) from WAC 173-303-081 (discarded chemical products), -082 (dangerous waste sources), -090 (dangerous waste characteristics), and/or -100 (dangerous waste criteria) that apply to the waste.

Note: To describe dangerous wastes with more than one dangerous waste number:

1. Select one of the dangerous waste numbers and enter it in Column A. On the same line, complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line, enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line, enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each dangerous waste number that can be used to describe the dangerous waste.

B. Estimated Annual Quantity. For each waste, estimate the quantity that will be handled annually.

C. Unit of Measure. For each quantity entered in column B, enter the unit measure code. Use only the following units of measure. If facility records use any other unit of measure for quantity, the unit must be converted into one of the required units of measure, taking into account the appropriate density or specific gravity of the waste.

English Unit of Measure	Code	Metric Unit of Measure	Code
Pounds	P	Kilograms	K
Tons	T	Metric Tons	M

D. Processes.

D(1) Process Codes. For each dangerous waste entered in Column A, select the code(s) from Table 2 *Process Codes* to indicate all the processes that will be used to store, treat, and/or dispose the dangerous waste.

Note that codes provided here affect testing requirements for closure. During closure of a process (unit or equipment), the facility must test for all of the waste codes provided in the Part A associated with wastes identified as being managed in the process.

Note: Three spaces are provided for entering process codes. If more are needed:

- (1) Enter the first two as described above;
- (2) Enter "000" in the extreme right box of Item D(1); and
- (3) Enter additional codes(s) on the next line.

D(2) Process Description. If there is no code listed for a process that will be used, describe the process in this space.

Section XV: Map

Provide a topographic map or maps of the area extending at least to one (1) mile beyond the property boundaries of the facility that clearly show the following:

1. Legal boundaries of the facility;
2. Location and serial number of each of the existing and proposed intake and discharge structures;
3. All dangerous waste management units. Identify the location of each tank;
4. Location of all dangerous waste management processes (those listed in Sections XII and XIII);
5. Each well where you inject fluids underground; and
6. All springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility that are identified in the public record or otherwise known to you.

If an intake or discharge structure, dangerous waste disposal site, or injection well associated with the facility is located more than one (1) mile from the facility, include it on the map, if possible. If not, attach additional sheets describing the location of the

structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps with rivers, show the direction of the currents; and in tidal waters, show the directions of the ebb and flow tides. Use a 7½-minute series map published by the U.S. Geological Survey, which may be obtained through the U.S. Geological Survey Office listed below. If a 7½-minute series map has not been published for your facility site, then you may use a 15-minute series map from the U.S. Geological Survey. If neither a 7½- nor a 15-minute series map has been published for the facility site, use a plat map or other appropriate map, and include all the requested information; in this case, briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart or another map meeting the above specifications. If you do, the map should bear a note referencing the number or title of the source map or chart. Include the names of nearby towns, water bodies, and other prominent points.

You may obtain maps from the following Earth Sciences Information Center (ESIC):

Menlo Park – ESIC
Room 3128, Building 3, MS 532 U.S.G.S.
345 Middlefield Road
Menlo Park, CA 94025

Tel: (415) 329-4390

Section XVI: Facility Drawing

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit on an 8½ x11 or an 11x17 sheet(s) of paper. This drawing should show the following:

1. Property boundaries of the facility;
2. Areas occupied by all storage, treatment, or disposal operations that are in use;
3. Name of each operation (example: multiple hearth incinerators, drum storage area, etc.);

4. Areas of past storage, treatment, recycling, or disposal operations;
5. Areas of future storage, treatment, recycling, or disposal operations; and
6. Approximate dimensions of the property boundaries and all storage, treatment, and disposal areas. (*Where applicable, use the process codes listed in Items XII and XIII to indicate the location of all storage, treatment, and disposal areas.*)

Include other major structures/operations even if not used for dangerous waste management.

Note: New facilities will not have existing storage, treatment, or disposal operations.

Section XVII: Photographs

All existing facilities must include photographs that clearly delineate all existing structures; all existing areas for storing, treating, recycling, or disposing of dangerous waste; and all known sites of future storage, treatment, recycling, or disposal operations.

Photographs may be color or black and white, ground-level or aerial. Indicate on each photograph the date it was taken. The date can be placed on the front or back of the photograph as long as it is visible.

Section XVIII: Certifications

All facility owners and operators must sign Section XVIII. State regulations require the certification to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
3. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official

If the facility owner and the operator are different entities, then both must sign for the form to be accepted.

Note: WAC 173-303-950 and WAC 173-303-960, in accordance with RCW 70.105.080, provide severe penalties for submitting false information on this Part A permit application form.

Section XIX: Comments

Use this section to provide any comments, such as additional information on new or changed owners or operators beyond that presented in sections VII.C and VIII.C.



WASHINGTON STATE
DEPARTMENT OF
E C O L O G Y

**Dangerous Waste Permit Application
Part A Form**

Date Received			Reviewed by:					Date:							
Month	Day	Year	Approved by:					Date:							
Please refer to instructions for completing this form.															

I. This form is submitted to: (place an "X" in the appropriate box)

	Request modification to a final status permit (commonly called a "Part B" permit)
	Request a change under interim status
	Apply for a final status permit. This includes the application for the initial final status permit for a site or for a permit renewal (i.e., a new permit to replace an expiring permit).
	Establish interim status because of the wastes newly regulated on: _____ (Date)
	List waste codes:

II. EPA/State ID Number

W	A													
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

III. Name of Facility

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IV. Facility Location (Physical address not P.O. Box or Route Number)
A. Street

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City or Town	State	ZIP Code
	WA	

County Code (if known)	County Name

B. Land Type	C. Geographic Location										D. Facility Existence Date			
	Latitude (degrees, mins, secs)					Longitude (degrees, mins, secs)					Month	Day	Year	

V. Facility Mailing Address
Street or P.O. Box

--

City or Town	State	ZIP Code

VI. Facility contact (Person to be contacted regarding waste activities at facility)										
Name (last)						(first)				
Job Title						Phone Number (area code and number)				
Contact Address										
Street or P.O. Box										
City or Town						State		ZIP Code		
VII. Facility Operator Information										
A. Name						Phone Number (area code and number)				
Street or P.O. Box										
City or Town						State		ZIP Code		
B. Operator Type	C. Does the name in VII.A reflect a proposed change in operator?				<input type="checkbox"/>	Yes	If yes, provide the scheduled date for the change:			
					<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Is the name listed in VII.A. also the owner? If yes, skip to Section VIII.C.					<input type="checkbox"/>	Yes				
					<input type="checkbox"/>	No				
VIII. Facility Owner Information										
A. Name						Phone Number (area code and number)				
Street or P.O. Box										
City or Town						State		ZIP Code		
B. Owner Type	C. Does the name in VIII.A reflect a proposed change in owner?				<input type="checkbox"/>	Yes	If yes, provide the scheduled date for the change:			
					<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IX. NAICS Codes (5/6 digit codes)										
A. First					B. Second					
<input type="text"/>					<input type="text"/>					
C. Third					D. Fourth					
<input type="text"/>					<input type="text"/>					

X. Other Environmental Permits (see instructions)															
A. Permit Type			B. Permit Number											C. Description	

XI. Nature of Business (provide a brief description that includes both dangerous waste and non-dangerous waste areas and activities)

Blank area for providing a brief description of the nature of business, including dangerous and non-dangerous waste areas and activities.

Use the tab key to move from cell to cell in the electronic version of this form.

PLEASE ENTER INFORMATION ONLY IN UNSHADED AREAS.

EXAMPLE FOR COMPLETING ITEMS XII and XIII (shown in lines numbered X-1, X-2, and X-3 below): A facility has two storage tanks that hold 1200 gallons & 400 gallons respectively. There is also treatment in tanks at 20 gallons/hr. Finally, a one-quarter acre area that is two meters deep will undergo *in situ vitrification*.

Section XII. Process Codes and Design Capacities							Section XIII. Other Process Codes									
Line Number	A. Process Codes (enter code)			B. Process Design Capacity		C. Process Total Number of Units	Line Number	A. Process Codes (enter code)			B. Process Design Capacity		C. Process Total Number of Units	D. Process Description		
				1. Amount	2. Unit of Measure (enter code)						1. Amount	2. Unit of Measure (enter code)				
X	1	S	0	2	1,600	G	002	X	1	T	0	4	700	C	001	In situ vitrification
X	2	T	0	3	20	E	001									
X	3	T	0	4	700	C	001									
	1								1							
	2								2							
	3								3							
	4								4							
	5								5							
	6								6							
	7								7							
	8								8							
	9								9							
1	0							1	0							
1	1							1	1							
1	2							1	2							
1	3							1	3							
1	4							1	4							
1	5							1	5							
1	6							1	6							
1	7							1	7							
1	8							1	8							
1	9							1	9							
2	0							2	0							
2	1							2	1							
2	2							2	2							
2	3							2	3							
2	4							2	4							
2	5							2	5							

XV. Map

Attach to this application a topographic map of the area extending to at least one (1) mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures; each of its dangerous waste treatment, storage, recycling, or disposal units; and each well where fluids are injected underground. Include all springs, rivers, and other surface water bodies in this map area, plus drinking water wells listed in public records or otherwise known to the applicant within ¼ mile of the facility property boundary. The instructions provide additional information on meeting these requirements. .

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (refer to Instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, recycling, and disposal areas; and sites of future storage, treatment, recycling, or disposal areas (refer to Instructions for more detail).

XVIII. Certifications

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator Name and Official Title (type or print)	Signature	Date Signed
Facility/Property Owner Name and Official Title (type or print)	Signature	Date Signed

XIX. Comments

Large empty rectangular box for entering comments.