

H.

A. Name

B. Street or P.O. Box

**FACILITY SITE ID NUMBER** 

FACILITY'S LEGAL OWNER

Wayne Disposal Inc.

49350 North I-94 Service Drive

# Michigan Department of Environment, Great Lakes, and Energy Materials Management Division

## OPERATING LICENSE APPLICATION FORM FOR HAZARDOUS WASTE TREATMENT, STORAGE, AND DISPOSAL FACILITIES

Required under authority of Part 111, Hazardous Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Failure to submit this information may result in civil or criminal penalties.

**Note:** Copies of the current EGLE Site Identification Form, EQP 5150, and the EPA Part A Permit Application Form, 8700-23, must be submitted with this application.

C.	City/State/ZIP	Belleville, MI,4811										
D.	Telephone Number (area	code included) (800)592-5489										
E.	Owner Type P F	. Ownership Change	?	Y	N	N/A	Х	Date				
111	III. FACILITY OPERATOR											
		e Disposal Inc.										
B.	Street or P.O. Box	49350 North I-94 Serv	19350 North I-94 Service Drive									
C.	City/State/ZIP	Belleville, MI,4811										
D.	Telephone Number (area	code included)										
E.	Operator Type P	F. Operator Change	?	Y	N	N/A	х	Date				
1	. TITLEHOLDER OF I	AND	100 5 3				WATER					
A.	Name Wayr	ne Disposal Inc.										
B.	Street or P.O. Box	49350 North I-94 Serv	ice Drive									
C.	City/State/ZIP	Belleville, MI, 4811										
D.	Telephone Number (area	a coded included)	(800)592-5	489								
V	. OPERATING LICEN	SE APPLICATION	WIEW V	ELEVA S	* 110	Walter I	ANI PI	A LEVEL	Name of the last			
	The state of the s		r B (select	only one bo	x)	distribution in	TIME!					
	Place an "X" in the appropriate box under either A or B (select only one box)  A. Operating License Application											
- 1,	Sperding Election, applied		Place an "X" here if application is for a facility that has not been									
	First Application for *Ex	First Application for *Existing Facility		previously licensed in Michigan to treat, store, or dispose of								
	The transfer of the transfer o							40 CFR §270.70				
				"X" here if re								
	D   I   I   I   I	previously licensed in Michigan to treat, store, or dispose hazardous										
Renewal Application for *Existing Facility   Previously licensed in Michigan to trea												
					construction or been altered, enlarged, or expanded.							
	Application for Modifica	Place an	"X" here if a	pplication	n is for a	licens	e modifi	cation.				
				Place an "X" here if application for a temporary license for RDD.								
Ц	and Demonstration (RD	D) License					·	_				
	Renewal Application for RDD License		Place an "X" here if application for the renewal of a temporary license									
Ш			for RDD.									
B.	Operating License Application for New, Altered, Enlarged, or Expanded Facility											
П	First Application	est Application		Place an "X" here if application is for a new facility or a facility that								
wishes to alter, enlarge, or expand its hazardous waste operations.								ste operations.				
	r existing facilities, provide						Date	5/19/1980				
	r RDD activities, provide t						Date	N/A				
Fo	r new, altered, enlarged, o	or expanded facilities, pr	rovide date	expected c	onstructi	on to be	gin.	Date	No new area			
*Ex	*Existing Facility means a hazardous waste treatment, storage, or disposal facility (TSDF) that either received all											
necessary state-issued environmental permits or licenses before January 1, 1980, or for which approval of construction												

was received from the Air Pollution Control Commission before November 19, 1980, or before promulgation of new federal rules that caused the facility to become subject to regulation as a TSDF. Existing facilities also include TSDFs that were operating before January 1, 1980, under existing authority, or before promulgation of new federal rules that caused the facility to become subject to regulation as a TSDF and that did not require state-issued environmental permits or licenses.

A.	Operating License Application Fixed Fee	\$	500
B.	Additional License Application Fees for New, Altered, Enlarged, or Expanded Fac	cility \$	25,000
	Check Type of Facility		
	Land Disposal (\$9,000)	\$	9,000
	Incineration or Other Treatment (\$7,200)	\$	7,200
	Storage (\$500)	\$	500
otal Ope	erating License Fee	\$	42,200

**Note:** Checks shall be made payable to the "State of Michigan" and the state accounting code "HWOL" written in the memo portion. Checks shall be mailed to EGLE, Cashier's Office, P.O. Box 30657, Lansing, Michigan 48909-8157, with a copy of payment included with application that is mailed to the EGLE, MMD, P.O. Box 30241, Lansing, Michigan 48909-7741.

1	A.	NPDES (Discharges to Surface Water) Permit Number	MI0056413
	B.	UIC (Underground Injection of Fluids) Permit Number	
$\boxtimes$	C.	RCRA (Hazardous Waste) Permit Number	
	D.	PSD (Air Emissions From Proposed Sources) Permit Number	
<u> </u>	E.	Other (Specify below) Permit Number	See Attached
₹OI	- N	1I-ROP-M4782-2024, SHVUA	

#### VIII. NATURE OF BUSINESS (Provide a brief description)

Disposal of TSCA, Hazardous & Non-Hazardous Solid Waste

#### IX. MAP

Attach to this application a topographic map of the area extending at least one mile beyond the property boundaries. The map must show the legal boundaries of the facility; the location of each of its existing and proposed intake and discharge structures; each of its hazardous waste treatment, storage, or disposal facilities, including the location of all processes listed in Items XII and XIII identified by process code; and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area, plus all drinking water wells within a quarter mile of the facility that are identified in the public record or otherwise known to you. (see instructions for specific requirements)

#### X. FACILITY DRAWING

All existing facilities must include a scale drawing of the facility showing the property boundaries of the facility; the areas occupied by treatment, storage, or disposal operations that will be used during interim status; the name of each operation (drum storage area, etc.); areas of past TSD operations; areas of future TSD; and the approximate dimensions of the property boundaries and all TSD areas. Where applicable, use the process codes listed in Items XII and XIII to indicate the location of all TSD. This drawing should fit on an 8.5 by 11 inch sheet of paper.

## XI. PHOTOGRAPHS

All existing facilities must include photographs that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. Use the process codes and descriptions in Items XII and XIII to indicate the location of all TSD areas. Indicate the date of the photograph on the back of each photograph. Photographs may be in color or black and white, aerial or ground-level.

	A. Process Code (from list)	B. Process Design Capacity				A. Process	B. Process Design Capacity			
Number		B.1. Quantity	B.2. Unit of Measure	For Official Use Only	Line	Code (from list)	B.1. Quantity	B.2. Unit of Measure	For Official Use Only	
	S01	2,147	Υ		6.				12.31	
2.	D08	27,162,630	Υ		7.					
3	T04	1,200	Υ		8.					
l <sub>ar</sub>					9.				Sant Jay No.	
5.					10.				State of the last	

XIII.DESCRIPTION OF HAZARDOUS WASTES									
	A. Hazardous	B. Estimated Annual Quantity of Waste	C. Unit of	D. Processes					
Line Number	Waste Number (enter code)			D.1 Process Codes (enter code)				D.2 Process Description (if no code entered in D.1)	
	See Attached								
				-					
				-					
				1 -					
_									
_				1 -					

#### OTHER REQUIRED ATTACHMENTS

### A. General Information (each item should be a separate attachment to the application)

- 1. General facility description
- 2. Chemical and physical analyses\*
- 3. Waste Analysis Plan\*
- 4. Security procedures and equipment
- Inspection schedules\*
- Preparedness/prevention or waiver\*
- 7. Contingency Plan\*
- Traffic information 8.
- 9. Location information
- 10. Personnel training program\*
- 11. Closure and Postclosure (C/PC) Plan\*
- 12. C/PC cost estimates\*
- 13. Topographic map
- 14. Liability mechanism
- 15. Financial assurance instrument

\* Use template provided to complete application

#### Supplemental Information (each item, if needed, should be a separate attachment to the application)

- Status of compliance with other federal laws
- Corrective action information\* 2.
- Hydrogeological Report\* 3.
- Environmental Assessment\* 4.
- 5. Environmental monitoring Programs\*
- 6. Engineering plans
- Proof of issuance of other permits or licenses 7.
- Capability certification/compliance schedule 8.
- Restrictive covenant (landfills only) 9.
- 10. Construction certification (new, altered, enlarged, or expanded)
- \* Use template provided to complete application

\* Use template provided to complete application

#### Facility Specific Information (each item, if needed, should be a separate attachment to the application) C.

- 1. Containers\*
- 2. Tanks\*
- 3. Incineration or thermal treatment
- 4. Treatment
- 5. Surface impoundments
- 6. Waste piles
- 7. Landfills

- 8. Land treatment
- 9. Miscellaneous units
- 10. Underground mines or caves
- 11. Drip pads
- 12. Boilers and industrial furnaces
- 13. Air emissions from process vents, equipment leaks, tanks, containers, and surface impoundments\*\*
- \*\* Use templates C.11-AA, C.11-BB, and C.11-CC provided to complete application

EQP 5111 (Rev. 1/18/17) Page 3 of 4

XV. CERTIFICATION									
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to 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.									
William Carr	Mc C. Con	May 19, 2025 DATE SIGNED							
OWNER NAME (type or print)	SIGNATURE	DATE SIGNED							
William Carr	MuC-Cu	May 19, 2025 DATESIGNED							
OPERATOR NAME (type or print)	SIGNATURE	DATECSIGNED							
William Carr									

SIGNATURE

Page 4 of 4

TITLEHOLDEROF LAND NAME (type or print)

DATE SIGNED