



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.

I. FACILITY SITE ID NUMBER			
II. FACILITY'S LEGAL OWNER			
A. Name	Wayne Disposal Inc.		
B. Street or P.O. Box	49350 North I-94 Service Drive		
C. City/State/ZIP	Belleville, MI, 4811		
D. Telephone Number (area code included)	(800)592-5489		
E. Owner Type	P	F. Ownership Change?	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Date <input type="text"/>
III. FACILITY OPERATOR			
A. Name	Wayne Disposal Inc.		
B. Street or P.O. Box	49350 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 <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Date <input type="text"/>
IV. TITLEHOLDER OF LAND			
A. Name	Wayne Disposal Inc.		
B. Street or P.O. Box	49350 North I-94 Service Drive		
C. City/State/ZIP	Belleville, MI, 4811		
D. Telephone Number (area code included)	(800)592-5489		
V. OPERATING LICENSE APPLICATION			
Place an "X" in the appropriate box under either A or B (select only one box)			
A. Operating License Application			
<input type="checkbox"/>	First Application for *Existing Facility	Place an "X" here if application is for a facility that has not been previously licensed in Michigan to treat, store, or dispose of hazardous waste and has interim status pursuant to 40 CFR §270.70.	
<input checked="" type="checkbox"/>	Renewal Application for *Existing Facility	Place an "X" here if renewal application for a facility that was previously licensed in Michigan to treat, store, or dispose hazardous waste and whose hazardous waste operations have not had any new construction or been altered, enlarged, or expanded.	
<input type="checkbox"/>	Application for Modification of License	Place an "X" here if application is for a license modification.	
<input type="checkbox"/>	First Application for Research, Development, and Demonstration (RDD) License	Place an "X" here if application for a temporary license for RDD.	
<input type="checkbox"/>	Renewal Application for RDD License	Place an "X" here if application for the renewal of a temporary license for RDD.	
B. Operating License Application for New, Altered, Enlarged, or Expanded Facility			
<input type="checkbox"/>	First 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.	
For existing facilities, provide date operation began.			Date 5/19/1980
For RDD activities, provide the date RDD began or expected to begin.			Date N/A
For new, altered, enlarged, or expanded facilities, provide date expected construction to begin.			Date No new area
*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.			

VI. OPERATING LICENSE APPLICATION FEES			
<input type="checkbox"/>	A. Operating License Application Fixed Fee	\$	500
<input checked="" type="checkbox"/>	B. Additional License Application Fees for New, Altered, Enlarged, or Expanded Facility	\$	25,000
Check Type of Facility			
<input type="checkbox"/>	Land Disposal (\$9,000)	\$	9,000
<input type="checkbox"/>	Incineration or Other Treatment (\$7,200)	\$	7,200
<input type="checkbox"/>	Storage (\$500)	\$	500
Total Operating 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.

VII. EXISTING ENVIRONMENTAL PERMITS (attach copies of each as proof of issuance)	
<input checked="" type="checkbox"/>	A. NPDES (Discharges to Surface Water) Permit Number MI0056413
<input type="checkbox"/>	B. UIC (Underground Injection of Fluids) Permit Number
<input checked="" type="checkbox"/>	C. RCRA (Hazardous Waste) Permit Number
<input type="checkbox"/>	D. PSD (Air Emissions From Proposed Sources) Permit Number
<input checked="" type="checkbox"/>	E. Other (Specify below) Permit Number See Attached
ROP – MI-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.

XII. PROCESS CODES AND DESIGN CAPACITIES (see instructions)									
Line Number	A. Process Code (from list)	B. Process Design Capacity			Line Number	A. Process Code (from list)	B. Process Design Capacity		
		B.1. Quantity	B.2. Unit of Measure	For Official Use Only			B.1. Quantity	B.2. Unit of Measure	For Official Use Only
1.	S01	2,147	Y		6.				
2.	D08	27,162,630	Y		7.				
3.	T04	1,200	Y		8.				
4.					9.				
5.					10.				

C. Additional Process Codes or Description of Nonlisted Processes (Codes "S99" and "T04").

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		May 19, 2025
OWNER NAME (type or print)	SIGNATURE	DATE SIGNED
William Carr		May 19, 2025
OPERATOR NAME (type or print)	SIGNATURE	DATE SIGNED
William Carr		
TITLEHOLDER OF LAND NAME (type or print)	SIGNATURE	DATE SIGNED