HAZARDOUS WASTE PROGRAM

OFFICE OF FINANCIAL RESPONSIBILITY AND WASTE PROGRAMS

LAND PROTECTION AND REVITALIZATION DIVISION

**TEMPORARY EMERGENCY PERMIT**

**FOR TREATMENT, STORAGE, DISPOSAL, and/or TRANSPORTATION**

**OF HAZARDOUS WASTE**

**(Note: Select and Identify the Emergency Permit Action.)**

**Permit Granted to:** Company name

Address

Address

**EPA Identification Number**: VAP0000\_\_\_\_

**Permit Issuance Date:** \_\_\_\_\_\_ \_\_, 2016

**Permit Expiration Date:** Upon completion of action described in this Permit or by \_\_\_ \_\_\_, 202X, whichever occurs first.

Issued by:

Department of Environmental Quality (DEQ)

Office of Financial Responsibility and Waste Programs

1111 East Main Street

P.O. Box 1105

Richmond, Virginia 23218

**Authority:**

Commonwealth of Virginia Hazardous Waste Management Regulations (VHWMR), 9 VAC 20-60-270, promulgated under the authority of Chapter 14, Title 10.1, Code of Virginia (1950), as amended, and Title 40 Code of Federal Regulations (CFR) § 270.61, Emergency Permits.

**Name and Address of Permit Applicant:**

Name

*Address*

*City, state, zip code*

**Name, Address of Generator Facility, Phone Number, and EPA ID Number:**

*Name*

*Address*

## *City, state, zip code*

Phone number

### *EPA ID Number*

(Permit ID No., EPA Large Quantity Generator ID No. etc., as applicable.)

## Contact Name and Phone Number:

## *Name of contact*

## *Title*

*Address*

## *City, state, zip code*

## *Phone number*

*Fax:*

*Cell:*

*e-mail:*

**Name, Location and EPA ID Number of Facility**:

(Note: This is the “facility” that is being permitted to act as a treatment, storage, or disposal (TSD) facility for the purpose of this Permit. In many cases, it will be the same as the generator facility above, but it could be a separate, off-site facility. The EPA ID No. will be the same as the provisional EPA ID No. issued by the DEQ (same as on page 1). If treatment is to occur off-site, provide a written certification from the land owner that they agree to the proposed emergency permit activity on their property and include as *Attachment 6*.)

*Name*

*Address*

## *City, state, zip code*

Phone number

*e-mail:*

### *EPA ID Number*

Action Authorized:

### *Name of Facility* is permitted by this Temporary Emergency Permit to operate as a facility for the (treatment, storage, disposal, transportation) of the hazardous waste listed below utilizing the procedures described under the heading “Treatment Procedures.”

*(Identify the appropriate action related with the permit application.)*

**Description of Waste:**

*The waste description must consist of the following information regarding what it is stored in (containers, bottles, cans, tanks, etc.): 1) the chemical name, 2) the manufacturer (if available, 3) the hazardous waste number (codes) (if applicable), 4) the amount or volume (liters, gallons, etc.) to be treated, 5) the age of the material, 6) a description of the physical state of the chemical. (e.g., solid, liquid, gelled, crystallized, etc.).*

**Location of Waste – Description and Map:**

*Identify by address and building name where the waste material is stored and attach a topographic map, satellite photograph, and/or site diagram of the location of the stored waste.*

*(See Attachment 1 for the map where the waste material is stored.)*

**Qualifications of Individual(s) Performing the Treatment:**

*Name of company*

*Address*

*Name of technicians*

(*See Attachment 2 for Qualifications or Resumes of individuals performing the treatment.)*

**When Treatment Is To Occur:**

*State the day when the treatment, storage or transportation will occur. The timeframe should include when the activity will begin to the time the activity is expected to end.*

**Treatment Area – Description and Map:**

*Provide a description and a map of the location where treatment is to occur, along with a map of the transportation route associated with transfer of stored waste to the treatment area. (These maps may be the same figure if sufficient scale and detail is provided to show the treatment area and transportation route.)*

*(See Attachment 3a for Map of Treatment Area and Attachment 3b for Map of Transportation Route. (Maps may be combined if legibility and scale permits.) (Note: The map of the treatment area is to include a depiction of 1,000 feet radius from the center of the emergency treatment area.)*

**Name and Phone Number of State and Local Officials Contacted Prior to Treatment:**

Department of Environmental Quality

Ashby Scott

Environmental Specialist II

1111 East Main Street

Richmond, VA

(804) 698-4467

e-mail: [Ashby.Scott@deq.virginia.gov](mailto:Ashby.Scott@deq.virginia.gov)

Virginia Department of Environmental Quality

*Regional Office (e.g., Tidewater Regional Office, etc.)*

*Name of DEQ’s Land Program Manager*

## *City, state, zip code*

## *Phone number*

*Fax:*

*Cell:*

*e-mail:*

*Local Fire Department name, title, address, and telephone numbers*

*Local Police Department name, title, address, and telephone numbers*

*City, Town, or County Office, Manager Name, address, telephone numbers*

**Evacuation Route:**

*There may be a description of the evacuation route (if applicable) and a map of the evacuation route.*

*(Provide the map of the evacuation route, if applicable, as Attachment 4*.)

**Treatment Procedures:**

*If there are multiple chemical materials to be treated, list the chemicals separately and describe the storage and treatment procedures for each type of chemical.*

**Transportation Route and Time of Transportation: if material will be transported off-site:**

*Describe the transportation route of the material if the material is being treated in another part of the facility or if the waste is to be transported off-site. Also submit a map showing the transportation route if other than Attachment 4.*

*(Provide the map of the transportation route if material is to be transported off-site as Attachment 5.)*

*If the material is being transported off-site, please state the time the material will be transported. Also the name of the transporter and its Virginia Hazardous Waste Transporter Permit Number, and the name of the designated TSD facility and its EPA ID Number should be provided.*

**Permit Termination:**

This Permit may be terminated by the DEQ at any time, without process, if the determination is made that termination is appropriate to protect human health and the environment.

**Permit Standards with which Compliance is Required:**

Effective Immediately:

VHWMR Part III, 9 VAC 20-60-265, as adopted from 40 CFR, Part 265, Subpart Q, Chemical , Physical, and Biological Treatment, and Subpart P, Thermal Treatment,

VHWMR Part III, 9 VAC 20-60-264, as adopted from 40 CFR, Part 264, Subpart B, General Facility Standards, Subpart C, Preparedness and Prevention, and Subpart D, Contingency Plan and Emergency Procedures.

VHWMR Part III, 9 VAC 20-60-270, as adopted from 40 CFR, Part 270, EPA Administered Permit Programs: The Hazardous Waste permit Program, and

VHWMR Part XII, Permit Application and Annual Fees, 9 VAC 20-60-1260, Purpose, Scope and Applicability

All residuals from the treatment will be managed in accordance with VHWMR Part III, 9 VAC 20-60-262, as adopted from 40 CFR, Part 262, Standards Applicable to Generators of Hazardous Wastes.

**Reporting:**

Within 30 days of permit expiration or termination, the Permittee shall submit to the Department a written Report detailing the times, pertinent events, sampling and analytical data, as applicable, and results of the permitted treatment activity, and any subsequent storage, treatment, and disposal of the remaining waste residuals. Waste manifests, as applicable, for shipment of remaining residuals to a RCRA Treatment, Storage, or Disposal (TSD) Facility, or as applicable, the documentation associated with shipment or to a RCRA Subtitle D facility, shall be included in the Report submittal. Please submit this Report to the following address:

Department of Environmental Quality

Attn: Ashby Scott

Environmental Specialist II

1111 East Main Street

P.O. Box 1105

Richmond, VA 23218

**Reason for Issuance:**

The Department of Environmental Quality has determined that, because of the circumstances and nature of the waste, expedient action to protect human health and the environment was necessary. The waste treated was determined potentially unstable and treatment *(on-site or off-site)* was deemed appropriate to be protective of human health and the environment.

A verbal approval of the Emergency Permit was issued on *Month, Day, Year*.

This written Emergency Permit is in accordance with the Virginia Hazardous Waste Management Regulations (VHWMR), 9 VAC 20-60 and 9 VAC 20-60-270, promulgated under the authority of Chapter 14, Title 10.1, Code of Virginia (1950), as amended, and Title 40 Code of Federal Regulations (CFR) § 270.61, Emergency Permits.

**Public Comment Period:**

A 30-day public comment period is provided. The DEQ solicits written comments on the issuance of the Permit until *Month, Day, Year*. The comments must be received at the DEQ’s Richmond Office address before the end of the comment period.

Written comments are to be sent to Ashby Scott, Virginia Department of Environmental Quality, 1111 East Main Street, P.O. Box 1105, Richmond, Virginia 23218. (Phone: (804) 698-447; e-mail: [Ashby.Scott@deq.virginia.gov](mailto:Ashby.Scott@deq.virginia.gov)).

A copy of the Permit may be obtained and reviewed at the above DEQ Richmond Office, and at the DEQ’s *Name of Regional Office (Attn: Name of Land Program Manager), Street Address, City, State, Zip Code. (Phone No. of Regional Office - (XXX) XYZ-WXYZ.)*

The DEQ will accept written comments from the public by electronic mail (e-mail). All comments received by mail or e-mail must provide the commenter’s name, address, and phone number, and an e-mail address should be provided, if available. Comments will not have an effect on the issuance of this Permit; however, comments will be reviewed and considered with regard to issuance of future emergency permits.

Emergency Occurrence:

In the event of an emergency occurrence outside the scope of this Permit, contact Leslie A. Romanchik at (804) 698-4129 or Ashby Scott at (804) 698-4467. Upon successful completion of the events authorized by this Permit, contact Ashby Scott at (804) 698-4467 or by e-mail at

[Ashby.Scott@deq.virginia.gov](mailto:Ashby.Scott@deq.virginia.gov).

**Attachments**

*Provide a list of all Permit Application Attachments here.*

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Date Leslie A. Romanchik

Hazardous Waste Program Manager