



REGISTRATION FOR INDIANA ELECTRONIC WASTE STORAGE AND PROCESSING FACILITY

State Form 54138 (R3 / 4-17)
Indiana Department of Environmental Management

Indiana Department of Environmental Management
Office of Land Quality
100 North Senate Avenue
IGCN Room 1154
Indianapolis, Indiana 46204-2251
Telephone (317) 233-1052

INSTRUCTIONS: *This is the facility registration for electronic waste storage and processing facilities located in Indiana, pursuant to 329 IAC 16-5-1. The owners or operators of all applicable facilities listed under 329 IAC 16-1-2 are required to register, unless exempted under 329 IAC 16-3-1 or permitted under 329 IAC 16-4-1. Please contact IDEM's Office of Land Quality to determine whether your facility needs to register or is exempt from registering under 329 IAC 16 before completing this registration.*

No new facility that is required to submit a registration under 329 IAC 16 may operate without submitting a registration form. The registration information must be renewed every five (5) years from the date the registration was received by the IDEM or when the amounts of e-waste or electronic debris specified in Section E (1) changes. The renewal must be submitted at least sixty (60) days prior to the expiration date.

Upon completion, please return this registration form along with the financial assurance documentation to the above address.

This Application is for (check one): <input type="checkbox"/> New Registration <input type="checkbox"/> Renewal of Existing Registration - Current Registration Number	
SECTION A: OWNER INFORMATION	
Name of owner	
Mailing address (number and street)	
City/State/ZIP code	Telephone number (with area code)
SECTION B: OPERATOR INFORMATION	
Name of operator	
Mailing address (number and street)	
City/State/ZIP code	Telephone number (with area code)
SECTION C: LANDOWNER INFORMATION	
Name of landowner	
Mailing address (number and street)	
City/State/ZIP code	Telephone number (with area code)
SECTION D: FACILITY INFORMATION	
Name of facility	
Facility address (number and street)	
City/State/ZIP code	Telephone number (with area code)
Type of facility (check all that apply) <input type="checkbox"/> Collector <input type="checkbox"/> Broker <input type="checkbox"/> Storage <input type="checkbox"/> Recycler <input type="checkbox"/> Reseller <input type="checkbox"/> Dismantler <input type="checkbox"/> De-manufacturer	
Provide a brief description of the type of facility.	
Date the facility became operational or will be operational (month, day, year)	

SECTION E: FACILITY OPERATION INFORMATION

1. Indicate the amount, in tons, of e-waste and/or electronic debris that will be stored on site at any one (1) time. Include the probable duration of storage in business days.

Amount (*in tons*) _____

Duration of storage (*in business days*) _____

2. Specify where the electronic waste will be stored (*check all that apply*).

- Building
- Container
- Vehicle

Provide a brief description of the type of storage unit.

3. Describe the type of material for the building floor for all areas where e-waste and electronic debris will be

Stored _____

Processed _____

4. Enclose with this application a detailed description of the storage, handling, processing, treatment, and final disposition of the e-waste and electronic debris. Be as specific as possible. Attach additional pages if necessary.

5. Indicate the maximum total amount, in tons, of e-waste capable of being processed per day.

6. List all IDEM permits the facility has obtained or plans to obtain.

SECTION F: FACILITY CONTINGENCY ACTION PLAN

Purpose

To describe the actions the e-waste processing facility owner or operator and employees must take to minimize the hazards to human health and the environment from fire, explosions, spills and contamination.

1. Outline the method or methods of waste disposal to be implemented if the registered facility is unable to operate or process. Attach additional pages if necessary.

2. Discuss in detail the procedures for controlling the following. Attach additional pages if necessary.

Fire _____

Explosion _____

Spills _____

Contamination _____

3. Specify the areas where e-waste and electronic debris is contained or stored. Attach additional pages if necessary.

4. Enclose with this application a floor plan of the facility including location of storage, processing, loading and unloading; waste disposal; emergency equipment; etc.

5. Enclose with this application a map that identifies the facility location and any access roads.

6. Describe any electronic debris and the potential hazardous materials resulting from the processing of e-waste.

7. Discuss in detail cleanup procedures for the following areas. Attach additional pages if necessary.

Storage

Processing

Loading

Unloading

8. Emergency services contact information

The emergency contacts below will be notified immediately after discovery of a fire or explosion and run-off resulting from fires or explosions. Personnel must minimize the potential hazards to public health and safety that can result from fire or explosions, spills, and contamination.

Office of the State Fire Marshall (317) 232-2222

IDEM 24-hour Emergency Response Spill Line (888) 233-7745

Please also provide the phone numbers for each of the following:

Local fire department _____

Municipal police department _____

County sheriff's department _____

County health department _____

County emergency management agency _____

Local hospital _____

SECTION G: FINANCIAL ASSURANCE INFORMATION

Financial Assurance Mechanism (*check one*) Surety Bond Letter of Credit Funded Trust Fund Insurance

If this is a new facility please attach an original of the financial assurance document, for renewals attach a copy of the current financial assurance document "continuation certificate".

SECTION H: SIGNATURES AND CERTIFICATION STATEMENTS

The owner or operator of the facility must sign the following certification statement:

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 persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including a fine or imprisonment for a knowing violation. I further certify that I am authorized to submit this information.

Printed name of facility owner/operator (*circle one*)

Signature of facility owner/operator (*circle one*)

Date signed (*month, day, year*)