



Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Bureau of Environmental and Coastal Quality

DEQ: P.O. Box 501304 Saipan, MP 96950 Tel.: (670) 664-8500/01; Fax: (670) 664-8540
DCRM: P.O. Box 10007, Saipan, MP 96950 Tel.: (670) 664-8300; Fax: (670) 664-8315
www.deq.gov.mp and www.crm.gov.mp



Used Oil Storage & Management

STANDARD USED OIL PERMIT APPLICATION FORM

BECQ USE ONLY

The purpose of the Used Oil Management Regulations is to establish and ensure safe and proper management practice in the handling of the used oil from the initial point of generation to the final disposal action and to ensure the protection of the public health and welfare and the prevention of environmental contamination in the Commonwealth of the Northern Mariana Islands. These regulations are promulgated by the Division of Environmental Quality pursuant to the 2 CMC §§ 3101 to 3134 (Commonwealth Environmental Protection Act (CEPA), 1982, PL 3-23) and the Commonwealth Environmental Amendments Act (CEAA), 1999, PL 11-103.

FILING FEE (per unit)	INITIAL FEE (per unit)	ANNUAL / RENEWAL FEE (per unit)
Burning for Disposal (Commercial)	\$500.00	\$300.00
Burning for Disposal (On-site)	\$250.00	\$125.00
Transporter (Commercial)	\$500.00	\$300.00
Collection/Aggregation (Commercial)	\$500.00	\$300.00

TYPE OF APPLICATION	TYPE OF OPERATION
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL	<input type="checkbox"/> BURNING FOR DISPOSAL (COMM.) <input type="checkbox"/> BURNING FOR DISPOSAL (ON-SITE) <input type="checkbox"/> TRANSPORTER (COMMERCIAL) <input type="checkbox"/> COLLECTION/AGGREGATION (COMM.) <input type="checkbox"/> OTHER (please specify):

INSTRUCTIONS AND GENERAL INFORMATION

Provide a general description of the facility. Include the name and location of the facility and the owner and operators. Include a summary of the used oil activities and operation (i.e. container and storage capacities). Also, include any nearby surface waters, flood plains, wetland and other pertinent information.

Used Oil Permit Application Requirements

Submission of the initial permit application must be accompanied with:

- **TOPOGRAPHIC MAP** (showing public access road, nearby water and residential areas);
- **FACILITY SITE MAP** (showing facility building structures & used oil active area);
- **OPERATION NARRATIVE**
- **OIL SPILL PREVENTION AND RESPONSE PLAN**

TOPOGRAPHIC MAP

Provide a topographic map of the facility and the surrounding area. Include adjacent properties and boundaries. Identify adjacent properties and structures (i.e. business, schools, church, residential, ocean, vacant or other).

FACILITY SITE MAP

Provide a detailed map of the facility's location. Include the size and location of all buildings and used oil activity areas. Also include physical and other pertinent structures on the property (i.e. fencing, gates, natural barriers, wells, parking, above or underground storage tanks, wastewater drainage systems).

OPERATION NARRATIVE

A site plan of appropriate scale and an operations narrative describing the proposed or existing activity. A plan describing suitable means to prevent and/or control fires, spill releases, and storm water runoff.

OIL SPILL PREVENTION AND RESPONSE

Provide a detailed description of your procedures to prevent and respond to used oil spills and emergencies. Include the following relevant information:

- Inspection of equipment, containers and surrounding surface (include an inspection log).
 - Loading and unloading operations (include procedures to load and unload used oil).
 - Run off (include procedures to contain and clean-up possible runoff of spilled used oil).
 - Oil Spill Prevention and Response Plan. (Submit a copy of the plan).

CONFIDENTIAL INFORMATION

If you feel the information or a part thereof that you submit to the Division warrants confidentiality, please identify in writing the specific information asserted to be confidential, please identify in writing the specific information asserted to be confidential, including a justification of the assertion. All information not asserted to be confidential by the applicant shall be treated as a public record.

FILING FEE

A filing fee in accordance with the following fee schedule must be paid at the time the application is submitted and shall not be refunded nor applied to any subsequent application following final action of the cancellation or denial for application. The fee applies to each application, renewal and modification requested to BECQ/DEQ. Checks shall be made payable to the CNMI Treasury.

(Pursuant to Commonwealth of the Northern Marianas (CNMI) Used Oil Management Rules and Regulations P.L. 3-23, 2 CMC 3101 as amended by P.L. 11-103, 1 CMC 2646 TO 2649 and Public Law-11-108, (any person who owns, operate, adds, extends, or modifies a used oil or used oil transportation, marketing, recycling, or processing facility must apply for a used oil permit).

Used Oil: Burning for Disposal Requirements (for On-site or Commercial Use)

Initial Fees: (per unit)

- **COMMERCIAL:** \$500.00 x (No. of units)
- **ON-SITE:** \$250.00 x (No. of units)

Annual/Renewal Fees: (per unit)

- **COMMERCIAL:** \$300.00 x (No. of units)
- **ON-SITE:** \$125.00 x (No. of units)

Additional Information Required:

- **Letter of Intent;**
- **Manufacturer's Burner Specifications Sheet;**
- **Manufacture Performance Test Results;**
- **Testing and Burning Plan;**
- **Oil Spill Prevention and Response Plan;**

Used Oil: Transporter; Used Oil Collection / Aggregation Requirements (for Used Oil Transporters)

Initial Fee(s): (per unit)

- **COMMERCIAL:** \$500.00 x (No. of units)

Annual/Renewal Fees: (per unit)

- **COMMERCIAL:** \$300.00 x (No. of units)

Additional Information Required: (for Ground & Overseas Transportation)

- Copy of **Vehicle Registration** for the vehicle(s) used in the transporting of used oil;
- **USEPA Identification Number** (Pursuant with 40 CFR 279.42)

FACILITY INFORMATION

Facility Name		
Facility Address		EPA Site ID Number (if applicable)
City	State	ZIP
Village		Telephone Number / Email
Owner or Operator Name & Title		
Owner or Operator Address		
City	State	ZIP
Village		Telephone Number / Email

LABORATORY INFORMATION (Must be State-Certified)

Laboratory Name		
Contact Person Name & Title		
City	State	ZIP
Village	Telephone Number / Email	

BURNER UNIT INFORMATION (UNIT No. 1)

Manufacturer		
Model		
Serial Number	Maximum Burning Capacity (gal. /hr.)	Maximum Heater Capacity (MMBTU/hr.)
Is the unit USEPA approved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BURNER UNIT INFORMATION (UNIT No. 2)

Manufacturer		
Model		
Serial Number	Maximum Burning Capacity (gal. /hr.)	Maximum Heater Capacity (MMBTU/hr.)
Is the unit USEPA approved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BURNER UNIT INFORMATION (UNIT No. 3)

Manufacturer		
Model		
Serial Number	Maximum Burning Capacity (gal. /hr.)	Maximum Heater Capacity (MMBTU/hr.)
Is the unit USEPA approved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

USED OIL TRANSPORTATION OPERATION (for USED OIL TRANSPORTER) (No. 1)

US EPA Identification Number						
			ISSUE DATE		RENEWAL DATE	
LICENSE PLATE NUMBER	YEAR	MAKE	MODEL	BODY STYLE	COLOR	WEIGHT
VEHICLE IDENTIFICATION NUMBER (VIN) / BODY SERIAL NUMBER			ENGINE SERIAL NUMBER		CYLINDER	CAPACITY

USED OIL TRANSPORTATION OPERATION (for USED OIL TRANSPORTER) (No. 2)

US EPA Identification Number

			ISSUE DATE		RENEWAL DATE	
LICENSE PLATE NUMBER	YEAR	MAKE	MODEL	BODY STYLE	COLOR	WEIGHT
VEHICLE IDENTIFICATION NUMBER (VIN) / BODY SERIAL NUMBER			ENGINE SERIAL NUMBER		CYLINDER	CAPACITY

USED OIL TRANSPORTATION OPERATION (for USED OIL TRANSPORTER) (No. 3)

US EPA Identification Number

			ISSUE DATE		RENEWAL DATE	
LICENSE PLATE NUMBER	YEAR	MAKE	MODEL	BODY STYLE	COLOR	WEIGHT
VEHICLE IDENTIFICATION NUMBER (VIN) / BODY SERIAL NUMBER			ENGINE SERIAL NUMBER		CYLINDER	CAPACITY

RESPONSIBLE OFFICIAL

Name & Title

Mailing Address

City

State

ZIP

Village

Telephone Number / Email

CERTIFICATION BY RESPONSIBLE OFFICIAL

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the CNMI Bureau of Environmental and Coastal Quality (BECQ) as public record. I further state that I assume responsibility for the installation, modification, or operation of the system(s) in accordance with the CNMI Bureau of Environmental and Coastal Quality-DEQ Used Oil Management Regulations, and any permit issued thereof.

Name & Title

Signature

Date