OMB# 2050-0024; Expires 11/30/2011

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|---|---|---|
| **SEND COMPLETED FORM TO:** The Appropriate State or Regional Office. | United States Environmental Protection Agency<br>**RCRA SUBTITLE C SITE IDENTIFICATION FORM** | |

**1. Reason for Submittal**

MARK ALL BOX(ES) THAT APPLY

**Reason for Submittal:**

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
  - ☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

| | | | |
|---|---|---|---|
| **2. Site EPA ID Number** | **EPA ID Number** | | |
| **3. Site Name** | **Name:** | | |
| **4. Site Location Information** | **Street Address:** | | |
| | **City, Town, or Village:** | | **County:** |
| | **State:** | **Country:** | **Zip Code:** |
| **5. Site Land Type** | ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other | | |
| **6. NAICS Code(s) for the Site (at least 5-digit codes)** | **A.** | **C.** | |
| | **B.** | **D.** | |
| **7. Site Mailing Address** | **Street or P.O. Box:** | | |
| | **City, Town, or Village:** | | |
| | **State:** | **Country:** | **Zip Code:** |
| **8. Site Contact Person** | **First Name:** | **MI:** | **Last:** |
| | **Title:** | | |
| | **Street or P.O. Box:** | | |
| | **City, Town or Village:** | | |
| | **State:** | **Country:** | **Zip Code:** |
| | **Email:** | | |
| | **Phone:** | **Ext.:** | **Fax:** |
| **9. Legal Owner and Operator of the Site** | **A. Name of Site's Legal Owner:** | | **Date Became Owner:** |
| | **Owner Type:** ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other | | |
| | **Street or P.O. Box:** | | |
| | **City, Town, or Village:** | | **Phone:** |
| | **State:** | **Country:** | **Zip Code:** |
| | **B. Name of Site's Operator:** | | **Date Became Operator:** |
| | **Operator Type:** ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other | | |

**10. Type of Regulated Waste Activity (at your site)**
**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**

**A. Hazardous Waste Activities; Complete all parts 1-7.**

Y ☐ N ☐ **1. Generator of Hazardous Waste**
**If "Yes", mark only one of the following – a, b, or c.**

☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

**If "Yes" above, indicate other generator activities.**

Y ☐ N ☐ d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☐ e. United States Importer of Hazardous Waste

Y ☐ N ☐ f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☐ **2. Transporter of Hazardous Waste**
**If "Yes", mark all that apply.**

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☐ N ☐ **3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.

Y ☐ N ☐ **4. Recycler of Hazardous Waste**

Y ☐ N ☐ **5. Exempt Boiler and/or Industrial Furnace**
**If "Yes", mark all that apply.**

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐ **6. Underground Injection Control**

Y ☐ N ☐ **7. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**

Y ☐ N ☐ **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☐ **2. Destination Facility for Universal Waste**
**Note:** A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**

Y ☐ N ☐ **1. Used Oil Transporter**
**If "Yes", mark all that apply.**

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☐ N ☐ **2. Used Oil Processor and/or Re-refiner**
**If "Yes", mark all that apply.**

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☐ **3. Off-Specification Used Oil Burner**

Y ☐ N ☐ **4. Used Oil Fuel Marketer**
**If "Yes", mark all that apply.**

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

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**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

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**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☐ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

**14. Certification.** 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 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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|---|
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**EPA ID Number** | | | | | | | | | | | | | | | | OMB# 2050-0024; Expires 11/30/2011

# ADDENDUM TO THE SITE IDENTIFICATION FORM:
## NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY

**Before filling out this section:**

- You must check with your State to determine if you are eligible to manage hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25). (See also http://www.epa.gov/epawaste/hazard/dsw/statespf.htm.)
- You must be managing hazardous secondary material, which is secondary material (e.g., spent material, by-product, or sludge) that when discarded, would be identified as hazardous waste under 40 CFR Part 261. Do not include any information regarding your hazardous wastes in this section.
- You must submit a completed Site Identification Form, including this Addendum, prior to operating under the exclusion(s) and by March 1 of each even-numbered year thereafter to your regulatory authority using the Site Identification Form as pursuant to 40 CFR 260.42. Persons who must staisfy this notification requirement can submit information at the same time as their Biennial Report (which is also due by March 1 of each even-numbered year).
- If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must also submit a completed Site Identification Form, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.

**1. Indicate reason for notification. Include dates where requested.**

☐ Notifying that the facility will begin managing hazardous secondary material as of _____ (mm/dd/yyyy).

☐ Re-notifying that the facility is still managing hazardous secondary material.

☐ Notifying that the facility has stopped managing hazardous secondary material as of _____ (mm/dd/yyyy).

**2. Description of hazardous secondary material (HSM) activity.** Please list the appropriate codes and quantities in **short tons** to describe your hazardous secondary material activity ONLY (do not include any information regarding your hazardous wastes in this section). Use additional pages if more space is needed.

| **a. Facility code** (answer using codes listed in the Code List section of the instructions) | **b. Waste code(s) for hazardous secondary material (HSM)** | **c. Estimated short tons of HSM to be managed annually** | **d. Actual short tons of HSM that was managed during the most recent odd-numbered year** | **e. Land-based unit code** (answer using codes listed in the Code List section of the instructions) |
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**3. Facility has financial assurance pursuant to 40 CFR 261 Subpart H.** (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25))

Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: _____

_____

EPA ID Number

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2009 Hazardous Waste Report

**GM FORM**

**WASTE GENERATION AND MANAGEMENT**

**Sec. 1**

A. Waste description:

B. EPA hazardous waste code(s)

C. State hazardous waste code(s)

D. Source code

G

Management Method code for Source code G25

H

E. Form code

W

F. Quantity generated in 2009

UOM

Density ☐ lbs/gal ☐ sg

G. Waste minimization code

**Sec. 2**

Was any of this waste managed on site?

☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ No (SKIP TO SEC. 3)

| ON-SITE PROCESS SYSTEM 1 | | ON-SITE PROCESS SYSTEM 2 | |
|---|---|---|---|
| On-site Management Method code | Quantity treated, disposed, or recycled on site in 2009 | On-site Management Method code | Quantity treated, disposed, or recycled on site in 2009 |
| H | | H | |

**Sec. 3**

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

☐ Yes (CONTINUE TO ITEM B)

☐ No (FORM IS COMPLETE)

| | B. EPA ID No. of facility to which waste was shipped | C. Off-site Management Method code shipped to | D. Total quantity shipped in 2009 |
|---|---|---|---|
| Site 1 | | H | |
| Site 2 | | H | |
| Site 3 | | H | |

Comments:

OMB# 2050-0024; Expires 11/30/2011

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

_____

EPA ID Number

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2009 Hazardous Waste Report

**WR FORM**

**WASTE RECEIVED FROM OFF SITE**

**Waste 1** A. Description of hazardous waste

B. EPA hazardous waste code(s)

C. State hazardous waste code(s)

D. Off-site handler EPA ID number

E. Quantity received in 2009

F. UOM

Density

☐ lbs/gal ☐ sg

G. Form code

W

H. Management Method code

H

**Waste 2** A. Description of hazardous waste

B. EPA hazardous waste code(s)

C. State hazardous waste code(s)

D. Off-site handler EPA ID number

E. Quantity received in 2009

F. UOM

Density

☐ lbs/gal ☐ sg

G. Form code

W

H. Management Method code

H

**Waste 3** A. Description of hazardous waste

B. EPA hazardous waste code(s)

C. State hazardous waste code(s)

D. Off-site handler EPA ID number

E. Quantity received in 2009

F. UOM

Density

☐ lbs/gal ☐ sg

G. Form code

W

H. Management Method code

H

Comments: