United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM



. Reason for S	Submittal (Sel	lect only	/ one.)									
	Obtaining of			۱D nur	mber for c	on-goir	ng regulated ac	ctivities	(Items 10-2	17 below) that	will continue	
	Submitting	as a cor	mponent c	of the H	azardous	Waste	Report for		(Reporti	ing Year)		
	w	aste, > 1	1 kg of acu	ite hazai	rdous was	ste, or	_	cute haz	zardous was	of non-acute h		
		Notifying that regulated activity is no longer occurring at this Site										
	Obtaining (or updat	ting an EP/	4 ID nur	mber for c	conduc	ting Electronic	c Manif	est Broker a	ctivities		
	Submitting	; a new c	or revised	Part A (permit) F	orm						
. Site EPA ID I	Number	Т					1					
. Site Name												
. Site Location	n Address											
	Address											
City, To	own, or Villag	e ;e						(County			
State				Cour	ntry			7	Zip Code			
Latitud	de e			Long	gitude		☐ Use Lat/Long as Primary Address					
. Site Mailing	Address								Sam	e as Location S	Street Address	
Street	Address											
City, To	own, or Village	e										
State	State Country Zip Code											
. Site Land Ty	/pe											
☐ Priv	rate □ C	County	☐ Dist	trict	□ Fede	eral	☐ Tribal		Municipal	☐ State	☐ Other	
North Amer	ican Industry	Classific	cation Sys	tem (N/	AICS) Cod	e(s) fo	r the Site (at le	east 5-	digit codes)			
A. (Pr	rimary)						C.					
							1					

D.

В.

Contact Inform	ation				☐ Same as Location	n Ad
First Name			MI		Last Name	
Title						
Street Addres	S					
City, Town, or	· Village					
State			Country		Zip Code	
Email			•		<u> </u>	
Phone			Ext		Fax	
A. Name of Si					☐ Same as Location Date Became Owner (mm/dd/	
Owner Type					-	
☐ Private	☐ County	☐ District	☐ Federal	□ Tribal	☐ Municipal ☐ State ☐	Oth
Street Addres	S					
City, Town, or	· Village					
State			Country		Zip Code	
Email						
Phone			Ext		Fax	
B. Name of Si	te's Legal Ope	rator			□ Same as Locatio	ın Δ
Full Name					Date Became Operator (mm/c	
Operator Type	e					
☐ Private	☐ County	☐ District	☐ Federal	□ Tribal	☐ Municipal ☐ State ☐	Oth
Street Addres	S					
City, Town, or	· Village					
State			Country		Zip Code	
Email			-1.			
Email						

	er	$oldsymbol{oldsymbol{oldsymbol{\bot}}}$	\bot									_	
	es" o	r "No	o" for al		nt act			of the	date	subm	itting th	e form); complete any additional boxes as instruct	
□ Y						azard	ous \	Naste	e—If '	"Yes",	mark on	ly one of the following—a, b, c	
				a. L		-Ger haza - Ger (2.2	rdou nerat lb/m	es, in s was es, in o) of es, in	any c ste (in any c acute	calenda ncludes calend hazar calend	ar mont quanti ar mont dous wa ar mont	n, 1,000 kg/mo (2,200 lb/mo) or more of non-acutities imported by importer site); or h, or accumulates at any time, more than 1 kg/mo	
				b. S0	ζG	1 kg	(2.2	lb) of	acute	e haza		/mo) of non-acute hazardous waste and no more aste and no more than 100 kg (220 lb) of any acut	
				c. VS	SQG	Less	than	or ed	qual t	o 100	kg/mo (220 lb/mo) of non-acute hazardous waste.	
□ Y		N	proce	esses).	If "Ye	s", pro	ovide	an e	xplan	ation i	n the Co	rm or one-time event and not from on-going omments section. <i>Note: If "Yes", you MUST indicated 10.A.1 above.</i>	
□ Y		N	3. Tre	. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required or these activities.									
□ Υ		N	4. Red	1. Receives Hazardous Waste from Off-site									
□ Y		N	5 Rec	ycler o	f Haza	rdous	s Wa	ste					
				a. Re	ecycle	r who	stor	es pri	ior to	recycl	ing		
				b. Re	ecycle	r who	doe	s not	store	prior	to recyc	ling	
□ Y		N	6. Exe	mpt Bo	oiler a	ınd/oı	· Ind	ustria	l Furn	ace—	f "Yes",	mark all that apply.	
				a. Sn	nall Q	uanti	ty Or	-site	Burne	er Exei	nption		
				b. Sr	neltin	g, Me	lting	, and	Refin	ing Fu	rnace Ex		
					_							remption	
hand	dled	at yo	ur site.		nem in	the c	rder					dist the waste codes of the Federal hazardous was e regulations (e.g. D001, D003, F007, U112). Use a	
hand	dled	at yo	ur site.	List th	nem in	the c	rder					list the waste codes of the Federal hazardous was	
hand	dled	at yo	ur site.	List th	nem in	the c	rder					list the waste codes of the Federal hazardous was	
hand	dled	at yo	ur site.	List th	nem in	the c	rder					list the waste codes of the Federal hazardous was	
hand	dled	at yo	ur site.	List th	nem in	the c	rder					list the waste codes of the Federal hazardous was	
hand addit	dled ditions aste	at you	ur site. ge if mo	List thore space	gulate	e the c	order ded.	they	are p	ardou	s Waste	list the waste codes of the Federal hazardous was	
hand addit	dled ditions aste	at you	ur site. ge if mo	List thore space	gulate	e the c	order ded.	they	are p	ardou	s Waste	list the waste codes of the Federal hazardous was e regulations (e.g. D001, D003, F007, U112). Use a	
hand addit	dled ditions aste	at you	ur site. ge if mo	List thore space	gulate	e the c	order ded.	they	are p	ardou	s Waste	list the waste codes of the Federal hazardous was e regulations (e.g. D001, D003, F007, U112). Use a	

Number			
_		aste Activities (NOTE: Refer to your State regulations to determine if a separate permit is requ	uire
A. Other W	_	ransporter of Hazardous Waste—If "Yes", mark all that apply.	
T L IN		T _	
\square Y \square N		Underground Injection Control	
	3. l	United States Importer of Hazardous Waste	
□ Y □ N	4. F	Recognized Trader—If "Yes", mark all that apply.	
		a. Importer	
		b. Exporter	
□ Y □ N		Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", nt apply.	nark
		a. Importer	
		b. Exporter	
□ Y □ N	apply	rge Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all to Note: Refer to your State regulations to determine what is regulated.	
		a. Batteries	
		b. Pesticides	
		c. Mercury containing equipment	
		d. Lamps	
		e. Aerosol Cans	
		f. Other (specify)	
		g. Other (specify)	
□ Y □ N		Destination Facility for Universal Waste Note: A hazardous waste permit may be required for th	is
C. Used Oil	N -44':44'		
□ Y □ N		sed Oil Transporter—If "Yes", mark all that apply.	
		a. Transporter	
		b. Transfer Facility (at your site)	
\square Y \square N	2. Us	red Oil Processor and/or Re-refiner—If "Yes", mark all that apply.	
		a. Processor	
		b. Re-refiner	
□ Y □ N		f-Specification Used Oil Burner	
□ Y □ N	4. Us	ed Oil Fuel Marketer—If "Yes", mark all that apply.	
		a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil I	3urr
•		+	

ID Number												
D. Pharma	ceutic	al Act	tivitie	es								
□ Y □ N	cals		Yes",	marl	k only	one.						nagement of hazardous waste pharmaceuti- instructions for definitions of healthcare facilit
		a.	Heal	thcar	e Fac	ility						
		b.	Reve	rse D	istrik	outor						
□ Y □ N	pha	rmace	eutic	als. N	Note:	You r	nay only	/ with	draw	if you	ı are	opart P for the management of hazardous wast a healthcare facility that is a VSQG for all of ceuticals.
igible Acade es pursuant to							·Notifica	ition f	or opt	ing i	nto o	or withdrawing from managing laboratory haza
□ Y □ N	was	tes in	labo	rator	ies—	· If "Ye	_	call th				2, Subpart K for the management of hazardous See the item-by-item instructions for defini-
		1.	Colle	ge or	r Univ	versity						
		2.	Teac	hing	Hosp	ital tha	at is owr	ned by	or ha	as a f	orma	al written affiliation with a college or university
		3.	Non-	profi	t Inst	itute t	hat is ov	wned l	oy or	has a	forn	nal written affiliation with a college or universi
\square Y \square N	В. \	Withd	rawii	ng fro	om 40	CFR F	Part 262	, Subp	art K	for th	ne ma	anagement of hazardous wastes in laboratorie
Episodic Gen	Are no n	you ai	han	60 da	ıys, tl		ves you					a planned or unplanned episodic event, lasting or category. If "Yes", you must fill out the
.QG Consolid	lation	of VS	QG I	Hazaı	rdous	s Wast	e					
□ Y □ N	pur		to 40	CFR								Waste Under the Control of the Same Person e Addendum for LQG Consolidation of VSQG
Notification (of LQ0	3 Site	Clos	ure fo	or a C	Centra	Accum	ulatio	n Are	a (CA	A) (c	optional) OR Entire Facility (required)
\square Y \square N	LQG	Site (Closu	re of	a Ce	ntral A	ccumul	ation /	Area (CAA)	or E	ntire Facility.
	A.	□ Cei	ntral	Accu	mula	ition A	rea (CA	4) or □	Entir	e Fa	cility	
	В. І	Expect	ted c	losur	e dat	:e:		m	m/dd	/yyy\ 	/	
	C. I	Reque	esting	new	clos	ure da	te:		r	nm/o	dd/yy	ууу
	D. I	Date o	close	d :			_ mm/c	ld/yyy	У			
			•				•					ds 40 CFR 262.17(a)(8)
		2. Not	in co	ompli	ance	with t	ne closu	ıre pe	rtorm	ance	stan	dards 40 CFR 262.17(a)(8)

6. 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 must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material. 7. Electronic Manifest Broker N Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest symmetry to the too total in, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator? 8. Comments (include Item number for each comment) 19. Certification certify under penalty of law that this document and all attachments were prepared under my direction on pervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information attributes the system, or those persons directly responsible for irring the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I wave that there are significant penalties for submitting false information, including the possibility of fines and imprisonment convolving violations. Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (FR 270.10(b) and 270.11). Signature of legal owner, operator or authorized representative Date (mm/dd/yyyy) Printed Name (First, Middle Initial Last) Title Email Title Title First, Middle Initial Last) Title First, Middle Initial Last) Title First, Middle Initial Last) Title	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managin maradous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material. 7. Electronic Manifest Broker	A ID Number										
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EPA ID Number						

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



ONLY fill out this form if:

- You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 260.30, 261.4(a)(23), (24), (25), or (27) (or state equivalent; See https://www.epa.gov/hw/where-2018-definition-solid-waste-rule-effect for a list of eligible states; AND
- You are or will be managing excluded HSM in compliance with 40 CFR 260.30, 261.4(a)(23), (24), (25), or (27) (or state equivalent) or have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section. Note: If your facility was granted a solid waste variance under 40 CFR 260.30 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulations and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.

1. Reason for Notification (Include dates where requested)										
☐ Facility will <u>begin managing excluded HSM as of (mm/dd/yyyy)</u> .										
☐ Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.										
☐ Facility has <u>stopped</u> managing excluded HSM as of (mm/dd/yyyy) and is notifying as required.										
2. Description of Excluded HSM Activity . Please list the appropriate codes (see Code List section of the instructions) and quantities, in short tons, to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.										
A. Facility	B. Waste Code(s) for HSM	C. Estimate Short Tons		E. Land-						
Code		of excluded HSM to be managed annually	excluded HSM that was managed during the most	based Unit Code						
		be managed annually	recent odd-numbered year	Coue						
			•							