

RCRA EPA TEMPORARY (30 DAYS) IDENTIFICATION NUMBER REQUEST FORM

Requested by: _____ Date Requested: _____
Employed by: _____ Telephone: _____
Email: _____

REQUESTING TEMPORARY EPA ID NUMBER

Generating Facility Name: _____ County: _____
Facility Street Location: _____ City: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Contact: _____ Email: _____

HAZARDOUS WASTE INFORMATION

Hazardous Waste Description _____
Estimated Hazardous Waste Amount _____
How was the Hazardous Waste Generated? _____
(i.e. UST Removal, left-over paint, etc.) _____
UST Information: Facility ID: _____ Closure Number: _____
AST Information: Tank ID/Ref. ID: _____ Closure Number: _____

TRANSPORTATION AND DISPOSAL INFORMATION

Disposal Company: _____ EPA ID Number: _____
Contact Person: _____ Telephone: _____
Transporter Company: _____ EPA ID Number: _____
Contact Person: _____ Telephone: _____

ADDITIONAL COMMENTS

NOTE: THIS IS A 30-DAY EPA ID NUMBER, ONLY. YOU MUST FORWARD A COPY OF THE MANIFEST(S), SHOWING REQUIRED SIGNATURES AND DATES FOR THE TRANSPORTER PICK-UP AND FOR THE DISPOSAL SITE DELIVERY AS SOON AS IT IS AVAILABLE.

| WVDEP USE ONLY | | | |
|----------------|--|-------------------------|--|
| Date Issued: | | 30-day Expiration Date: | |

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