



<input type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, $> 1$ kg of acute hazardous waste, or $> 100$ kg of acute hazardous waste spill cleanup in <b>one or more months of the reporting year</b> (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A (permit) Form

[illegible]

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Street Address		
City, Town, or Village		County
State	Country	Zip Code
Latitude	Longitude	<input type="checkbox"/> Use Lat/Long as Primary Address

☐ Same as Location Street Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

☐ Private    ☐ County    ☐ District    ☐ Federal    ☐ Tribal    ☐ Municipal    ☐ State    ☐ Other

A. (Primary)	C.
B.	D.

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**8. Site Contact Person**

Enter the primary site contact here and additional contacts in Appendix A.

First Name	MI	Last Name
Title		
Email		
Phone	Ext	Fax
Preferred Language		

**A. Site Contact Address**☐ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

**9. Legal Owner and Operator of the Site****A. Name of Site's Legal Owner**☐ Same as Location Address

Full Name	Date Became Owner (mm/dd/yyyy)	
Owner Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax
Comments		

**B. Name of Site's Legal Operator**☐ Same as Location Address

Full Name	Date Became Operator (mm/dd/yyyy)	
Operator Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax
Comments		

**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**

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input type="checkbox"/>	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input type="checkbox"/> N	Is State Generator of Hazardous Waste the same as Federal— If "No", indicate State Generator Category in the space provided.	
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input type="checkbox"/> N	5 Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

**B. 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.


**C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes.** Please list the waste codes of the State 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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**11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**

### A. Other Waste Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Transporter
	<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Underground Injection Control	
<input type="checkbox"/> Y <input type="checkbox"/> N	3. United States Importer of Hazardous Waste	
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Importer
	<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Importer
	<input type="checkbox"/>	b. Exporter

## B. Universal Waste Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Aerosol Cans
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

### C. Used Oil Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Transporter
	<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Processor
	<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input type="checkbox"/> N	3. Off-Specification Used Oil Burner	
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
	<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

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**D. Pharmaceutical Activities**

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y <input type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input type="checkbox"/> N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories.

**13. Episodic Generation**

<input type="checkbox"/> Y <input type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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**14. LQG Consolidation of VSQG Hazardous Waste**

<input type="checkbox"/> Y <input type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.
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**15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)**

<input type="checkbox"/> Y <input type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

## 16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input type="checkbox"/> 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 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.
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## 17. Electronic Manifest Broker

<input type="checkbox"/> Y <input type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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**18. Comments** (include item number for each comment)

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**19. 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. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 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	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

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## Appendix A: Additional Contacts

## 1. Contact Name

Contact Type	Preferred Language	
First Name	MI	Last Name
Title		
Email		
Phone	Ext	Fax

## A. Contact Address

☐ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

## 2. Contact Name

Contact Type	Preferred Language	
First Name	MI	Last Name
Title		
Email		
Phone	Ext	Fax

## A. Contact Address

☐ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

## 3. Contact Name


Contact Type	Preferred Language	
First Name	MI	Last Name
Title		
Email		
Phone	Ext	Fax

## A. Contact Address

☐ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

United States Environmental Protection Agency  
HAZARDOUS WASTE PERMIT PART A FORM



1. Facility Permit Contact

First Name	MI	Last Name
Title		
Email		
Phone	Ext	Fax

2. Facility Permit Contact Mailing Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

3. Facility Existence Date (mm/dd/yyyy)

4. Other Environmental Permits

A. Permit Type	B. Permit Number														C. Description

5. Nature of Business



6. Process Codes and Design Capacities

Line Number		A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1) )

Line No.		A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes											
								(1) Process Codes								(2) Process Description (if code is not entered in 7.D1))			

8. Map

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

9. Facility Drawing

All existing facilities must include a scale drawing of the facility. See instructions for more detail.

10. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. See instructions for more detail.

11. Comments