## United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reas	son for S	<b>ubmittal</b> (S	elect o	nly or	ne.)										
		Obtaining for a peri		_	g an EPA	\ ID n	umbe	r for o	n-goir	ng regulated a	activitie	es (Items	s 10-17	7 below) tha	at will continue
		Submittin	g as a	comp	onent o	f the	Hazaı	rdous V	Vaste	Report for_		(Re	portin	g Year)	
		LJ ,	waste,	> 1 kg	g of acu	te ha	zardo	us was	te, or	r, and/or gen >100 kg of a ite equivalent	cute ha	azardous	waste		
		Notifying	that re	gulat	ed activ	ity is	no lo	nger od	curri	ng at this Site	2				
		Obtaining	g or up	dating	g an EP <i>A</i>	ID n	umbe	r for co	onduc	ting Electron	ic Man	ifest Bro	ker act	tivities	
		Submittin	g a nev	w or r	evised I	Part A	(peri	mit) Fo	rm						
2. Site	EPA ID N	lumber	Τ				<u> </u>	T		]					
3. Site	Name		•	•		•	•	•		•					
4. Site	Location	Address													
	Street A	Address													
	City, To	wn, or Villa	ge									County			
	State					Co	untry	,				Zip Cod	e		
	Latitud	9				Lo	ngitu	de				Use	Lat/Lo	ng as Prima	ry Address
5. Site	Mailing I	Address											Same	as Location	Street Address
	Street A	ddress													
	City, To	wn, or Villa	ge												
	State					Со	untry					Zip Cod	e		
6. Site	Land Typ	e													
	Priva	ate 🔲	County	/	Dist	rict		Fede	ral	Tribal		Municip	al	State	Other
7. Nort	th Ameri	can Industr	y Class	ificati	ion Syst	em (	NAICS	S) Code	(s) fo	r the Site (at	least 5	5-digit co	des)		
	A. (Pri	mary)								C.					
	B.									D.					

e Contact Person ter the primary site contact her	e and additional contacts in	n Annendix A			
First Name	MI	п дрепих д.	Last Name		
Title	I				
Email					
Phone	Ext		Fax		
Preferred Language					
			Г		^
A. Site Contact Address Street Address			L	Same as Locatio	on A
City, Town, or Village					
			7: 0 1		
State	Country		Zip Code		
Full Name			Date Became	Owner (mm/dd/y	ууу)
Owner Type	District Eederal	Tribal	Municipal	□State □	1 <sub>0+1</sub>
Private County Street Address	District Federal	Tribal	Municipal	State	]Oti
Private County  Street Address  City, Town, or Village		l Tribal		State	Otl
Private County  Street Address  City, Town, or Village  State	District Federal	l Tribal	Municipal  Zip Code	State	]Otl
Private County  Street Address  City, Town, or Village  State  Email	Country	Tribal	Zip Code	State	Ot
Private County  Street Address  City, Town, or Village  State  Email  Phone		Tribal		State	Otl
Private County  Street Address  City, Town, or Village  State  Email	Country	Tribal	Zip Code		
Private County  Street Address  City, Town, or Village  State  Email  Phone  Comments  B. Name of Site's Legal Oper	Country	Tribal	Zip Code Fax	Same as Location	n Ad
Private County  Street Address  City, Town, or Village  State  Email  Phone  Comments	Country	Tribal	Zip Code Fax		n Ad
Private County  Street Address  City, Town, or Village  State  Email  Phone  Comments  B. Name of Site's Legal Oper  Full Name	Country	Tribal	Zip Code Fax	Same as Location	n Ad
Private County  Street Address  City, Town, or Village  State  Email  Phone  Comments  B. Name of Site's Legal Oper	Country		Zip Code Fax	Same as Location	n Ad
Private County  Street Address  City, Town, or Village  State  Email  Phone  Comments  B. Name of Site's Legal Oper  Full Name  Operator Type	Country		Zip Code  Fax  Date Became	Same as Location Operator (mm/do	n Ad
Private County  Street Address  City, Town, or Village  State  Email  Phone  Comments  B. Name of Site's Legal Oper  Full Name  Operator Type  Private County	Country		Zip Code  Fax  Date Became	Same as Location Operator (mm/do	n Ad
Private County  Street Address  City, Town, or Village  State  Email  Phone  Comments  B. Name of Site's Legal Oper  Full Name  Operator Type  Private County  Street Address	Country		Zip Code  Fax  Date Became	Same as Location Operator (mm/do	n Ad
Private County  Street Address  City, Town, or Village  State  Email  Phone  Comments  B. Name of Site's Legal Oper  Full Name  Operator Type  Private County  Street Address  City, Town, or Village	Country  Ext  ator  District Federa		Zip Code  Fax  Date Became  Municipal	Same as Location Operator (mm/do	

9.

۸ ۵		Waste A									oxes as instructed.
A. naz	Th.				lous Was	te—If '	"Yes". ma	ark onl	y one of the foll	owing—a. b. c	
	<u>                                     </u>		a. LQ	G -Ger haza - Ger (2.2 - Ger	nerates, i ardous w nerates, lb/mo) c nerates,	in any c aste (ir in any of acute in any	calendar i ncludes q calendar e hazardo calendar	month uantiti month ous was month	, 1,000 kg/mo (2 es imported by n, or accumulate ste; or	2,200 lb/mo) or mo importer site); or es at any time, more s at any time, more	e than 1 kg/mo
			b. SQ	1 kg	(2.2 lb)	of acute		ous wa		e hazardous waste e than 100 kg (220	e and no more than lb) of any acute
			c. VSC	QG Less	than or	equal t	o 100 kg,	/mo (2	20 lb/mo) of no	n-acute hazardous	s waste.
□\r	N	1		ator of H rovided.	azardous	Waste	the sam	e as Fe	ederal— If "No",	indicate State Ger	nerator Category
<u></u> Y	N	process	ses). If	"Yes", pr	ovide an	explan	ation in t	he Co		vent and not from . Note: If "Yes", yo	
□Y	N	3. Trea	ater, Sto se activ	orer or Di ities.	sposer of	f Hazar	dous Wa	ste—N	ote: Part B of a	hazardous waste p	permit is required
	N	4. Rece	eives Ha	zardous	Waste fro	om Off-	-site				
Y	N	5 Recy	cler of	Hazardou	s Waste						
			a. Rec	ycler who	stores p	rior to	recycling	3			
		<u>, LL</u>		ycler who							
Y	N	6. Exen	npt Boi	er and/o	r Industri	ial Furn	ace—If "	Yes", r	nark all that app	oly.	
			a. Sma	all Quanti	ty On-sit	e Burne	er Exemp	tion			
			b. Sm	elting, Me	elting, an	d Refin	ing Furna	ace Exe	emption		
handle	d at yo	ur site. L	ist ther	_	rder the					es of the Federal h p. D001, D003, F007	
		+									
		+				-					
				ı							

_			-	NOTE:	Refe	to y	our St	ate r	egula	itions	to d	letermine if a separate permit is required.
A. Other Was			es orter of Ha	zardo	c \\/:	sto_	ıf "Va	sc" m	ark a	ll tha	t ann	nly
Y	1. 11				us vva	iste-	11 16	5 , 11	iai K a	III LIIA	it app	JIV.
	<u> </u>		. Transpor		,							
			. Transfer		• •		te)					
YN	<u> </u>		ground Inj				auc M	lasto				
Y N			States Im	-								
YN	4. 6	<del>, T</del>	nized Trad	er—ır	Yes",	mar	k all ti	nat ap	оріу.			
		] a	. Importer									
			. Exporter	• -								
Y N	5. Ithat	mpor : appl	ter/Export y.	er of S	pent	_ead-	Acid I	Batter	ies (S	SLABs	s) und	der 40 CFR 266 Subpart G—If "Yes", mark a
		]   a	. Importer									
		]  b	. Exporter									
	apply	T	e: Refer to	your !	State	regul	ations	to d	etern	nine v	what	5,000 kg or more) - If "Yes" mark all that is regulated.
		a. B	atteries									
		b. P	esticides									
		c. N	lercury cor	ntainin	g equ	ipme	nt					
		d. L	amps									
		e. A	erosol Can	S								
		f. O	ther (speci	fy)								
		g. C	ther (spec	fy)								
	2. C activi		ation Facil	ity for	Unive	rsal \	Vaste	Not	e: A ŀ	nazar	dous	waste permit may be required for this
C. Used Oil Ad			T	10	<i>((), ''</i>		1 11 -	l ·	1			
Y	ı. Us	T	l Transport		Yes"	, mar	к all t	nat a	рріу.			
	<u> </u>	+	ransporter									
		ı	ransfer Fa									
Y N	2. Us	ed Oi	l Processor	and/c	or Re-	refine	r—If	"Yes"	, mar	'k all	that	apply.
		a. F	rocessor									
		b. F	Re-refiner									
Y N	3. Off	-Spe	ification U	sed Oi	l Burr	er						
Y N	4. Us	ed Oi	Fuel Mark	eter—	-If "Ye	s", m	ark a	l that	appl	у.		
		a. N	/Jarketer W	/ho Dii	rects S	Shipm	ent c	of Off-	Spec	ificat	ion U	Jsed Oil to Off-Specification Used Oil Burne

EPA ID Nu	mber												OMB# 2050-0024; Expires 08/31/2028
D. P	harmad	eutic	al Ac	tiviti	es								
□\r	□N	cals	—if "	'Yes"		k only				-			agement of hazardous waste pharmaceuti- instructions for definitions of healthcare facility
			a.	Heal	lthcar	e Fac	ility						
			b.	Reve	erse [	Distrik	utor						
Y	N	pha	rmac	eutic	cals. I	Note:	You	may o	only w	ithdraw	if you	ı are a	part P for the management of hazardous waste a healthcare facility that is a VSQG for all of euticals.
2. Eligible astes pur								–Noti	ficatio	n for o <sub>l</sub>	oting i	nto o	r withdrawing from managing laboratory hazaro
Y	N	was	tes ir	n labo	orato	ries—	· If "Y	es", n		l that a			, Subpart K for the management of hazardous See the item-by-item instructions for defini-
			1.	Colle	ege o	r Univ	ersit/	у					
			2.	Tead	ching	Hosp	ital th	nat is o	owned	l by or h	as a f	orma	l written affiliation with a college or university
			3.	Non	-prof	it Inst	itute	that i	s own	ed by o	has a	form	nal written affiliation with a college or university
□r	N	B. V	Vitho	drawi	ng fro	om 40	) CFR	Part 2	262, Sı	ıbpart l	for t	ne ma	nagement of hazardous wastes in laboratories.
3. Episo	dic Gen	eratio	n										
□r	N	no m	nore	than	60 da	ays, th	nat m						a planned or unplanned episodic event, lasting r category. If "Yes", you must fill out the
		1											
I. LQG C	onsolid												
<u> </u>	Пи	purs	suant		0 CFF	•	_		•				Waste Under the Control of the Same Person Addendum for LQG Consolidation of VSQG
5. Notifi	cation o	of LQG	i Site	· Clos	ure f	or a C	Centra	al Acc	umula	tion Ar	ea (C <i>l</i>	AA) (o	ptional) OR Entire Facility (required)
Y	N	LQG	Site	Closu	ure of	a Ce	ntral	Accur	nulatio	on Area	(CAA	or E	ntire Facility.
		A.	C€	entral	l Accı	ımula	tion	Area (	CAA) c	or Ent	ire Fa	cility	
		B. E	хрес	cted o	closur	e dat	:e:			_ <del></del> _mm/d	d/yyy	y	
		C. F	Requ	estin	g new	ı clos	ure d	ate: _			mm/	dd/yy	уу
		D. [	Date	close	ed : _			mr	n/dd/	уууу			
											e sta	ndard	s 40 CFR 262.17(a)(8)
			2. No	t in c	ompl	iance	with	the cl	osure	perforr	nance	stan	dards 40 CFR 262.17(a)(8)

A ID Number												OI	MB# 205	50-002	4; Exp	oires (	J8/31/2	028
5. Notification	of Haz	ardou	ıs Secc	ondar	y Mat	erial	(HSIV	l) Act	ivity									
∏Y ∏N	haza	rdous	secor	ndary	matei	rial ur	nder 4	10 CF	R 260	.30, 4	10 CFI	R 261.4(	ng, are ma a)(23), (2 naging Ha	4), (25)	or (27	7)? If "\	Yes", yo	u
. Electronic Ma	nifest	t Brok	er															
∏r ∏n	tem	to obt		omple	ete, ar								g to use t er a contr					
. Comments (i	nclud	e item	numb	er for	r each	com	ment	)										
rvision in acco bmitted. Based	dance on m	e with y inqu	a syst iiry of	em de the pe	esigne erson	ed to a or pe	assur ersons	e that s who	t qual man	ified age t	perso	nnel prostem, or	operly ga	ther an	d evaludirectly	uate th	ne inforr onsible f	mat or g
rvision in accor bmitted. Baseding the informa vare that there owing violatior	dance on m tion, are si	e with  y inqu  the inf  gnifica  ote: Fo	a syst iiry of format ant per	em de the pe tion su naltie	esigne erson ubmit s for s	ed to a or pe ted is submi	assurersons to the tting	e that s who he be false	t qual man st of infor	ified age t my ki matic	persone he sy: nowle on, inc	nnel prostem, or dge and cluding t	operly ga those pe belief, t the possil	ther an ersons or rue, accollity of	d evaludirectly curate, fines a	uate the responsion of the contract of the con	ne inforr onsible f omplete prisonm	mat or g e. I a nent
rvision in accor bmitted. Baseding the informa vare that there owing violatior	rdance on m tion, are si ns. No d 270	e with my inquithe information in the information i	a syst airy of format ant per	em de the pe tion su nalties RCRA	esigne erson ubmit s for s <b>Haza</b>	ed to a or pe ted is submi rdous	ersons to to tting Was	e that s who ne be false <b>te Pa</b>	t qual man st of infor	ified age t my kr matic <b>permi</b>	persones he symowle on, ind t App	nnel prostem, or dge and cluding t	operly ga those pe belief, t the possil	ther an ersons or rue, accollity of	d evaludirectly curate, fines a	uate the responsion of the contract of the con	ne inforr onsible f omplete prisonm	mat or g e. I a nent
rvision in accor bmitted. Based ng the informa vare that there owing violation R 270.10(b) an	rdance on m ition, are si as. <b>No</b> <b>d 270</b>	e with by inquithe integration of the properties of the control of	a syst liry of format ant per or the l	em de the pe tion su naltie: RCRA	esigne erson ubmit s for s <b>Haza</b> or aut	ed to a or pe ted is submi rdous	ersons to to tting Was	e that s who ne be false <b>te Pa</b>	t qual man st of infor	ified age t my kr matic <b>permi</b>	persones he symowle on, ind t App	nnel prostem, or dge and cluding t lication	operly ga those pe d belief, t the possil	ther an ersons or rue, accollity of	d evaludirectly curate, fines a	uate the responsion of the contract of the con	ne inforr onsible f omplete prisonm	mat or g e. I a nent
rvision in accord bmitted. Based ing the information vare that there owing violation R 270.10(b) an Signature of	rdance on m ition, are si as. <b>No</b> <b>d 270</b>	e with by inquithe integration of the properties of the control of	a syst liry of format ant per or the l	em de the pe tion su naltie: RCRA	esigne erson ubmit s for s <b>Haza</b> or aut	ed to a or pe ted is submi rdous	ersons to to tting Was	e that s who ne be false <b>te Pa</b>	t qual man st of infor	ified age t my kr matic <b>permi</b>	persone symbol person	nnel prostem, or dge and cluding t lication	operly ga those pe d belief, t the possil	ther an ersons or rue, accollity of	d evaludirectly curate, fines a	uate the responsion of the contract of the con	ne inforr onsible f omplete prisonm	mat or g e. I a nent
Printed Nan	rdance on mation, are sins. No d 270	e with by inquithe information of the second	a syst liry of format ant per or the l	em de the pe tion si naltie: RCRA	esigne erson ubmit s for s <b>Haza</b> or aut	ed to a or per ted is submited the submited	ersons a, to the tting s Was	e that s who he be false <b>te Pa</b>	t qual man st of infor rt A p	ified age t my kr matic <b>oermi</b>	persone symptom person he symp	nnel protestem, or dge and cluding to lication	operly ga those pe d belief, t the possil	ther an ersons or rue, accollity of	d evaludirectly curate, fines a	uate the responsion of the contract of the con	ne inforr onsible f omplete prisonm	mati or g e. I a nent

PA I	ID Number		$\underline{\bot}$	$\underline{\mathbb{L}}$	$\underline{\mathbb{L}}$	$\underline{\bot}$	$\underline{\mathbb{L}}$		$\underline{\mathbb{L}}$	L			]	OMB# 2050	-0024; Expires 08/31/2028
			<u> </u>	<u> </u>		Ap	per	ndix	A: /	٦dc	ditio	nal C	: Con	ntacts	
1. C	Contact Nam	ne													
	Contact Typ	e e									Prefe	rred La	angı	uage	
T	First Name						МІ	ı						Last Name	
Ī	Title														
Ī	Email														
	Phone						Ex	t						Fax	
-	A. Contact	Address													Same as Location Address
	Street Addr	ess													
	City, Town,	or Villag	ge												
	State						Cc	ountr	У					Zip Code	
2.	Contact Nar	me													
	Contact Typ	pe									Prefe	erred L	ang	guage	
	First Name						М	11			<u> </u>			Last Name	
	Title													•	
	Email														
	Phone						Ex	xt						Fax	
	A. Contact	Address	5												Same as Location Address
	Street Add	ress													
	City, Town	, or Villa	ge												
	State						С	Counti	ry					Zip Code	
3.	Contact Na	ıme													
	Contact Ty	/pe									Pref	erred	Lan	iguage	
	First Name	<b>e</b>					r	ΜI						Last Name	
	Title													1	
	Email														
	Phone						E	xt						Fax	
	A. Contac	t Addres	SS												Same as Location Address
	Street Add	dress													
	City, Towr	n, or Villa	age												
	State						$\Box \iota$	Count	try					Zip Code	

EPA ID Number							OMB# 2050-0024; Expires 08/31/2028
LI / CID I GIIIDCI		ı		l			

# United States Environmental Protection Agency HAZARDOUS WASTE PERMIT PART A FORM



1. Facility Permit Contact
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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	Permit Type							Num	ber			C. Description

#### 5. Nature of Business

Line Number  A. Process Code  B. Process Design Capacity  (2) Unit of Measure  D. Unit Name  Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))  A. EPA Hazardous Waste No.  Q y of Waste  Waste No.  Q y of Waste  Annual Q y of Waste  Annual O y of Waste O y of Waste  Annual O y of Waste  Annual O y of Waste O y of Waste  Annual O y of Waste O y of Waste  Annual O y of Waste O y of Waste O y of Waste  A text ho this application a topographical map, or other equivalent map, of the are extending to at least one mile bey of your done of the facility, the location of each of its existing intake and disch structures, each of its existing intake and disch structures, each of its existing facilities must include a scale drawing of the facility. See instructions for more detail.  Photographs  All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, exist storage, treatment, and disposal areas, and sites of future storage, t	Pro	cess Co	odes	and	Desig	n Ca	paci	ties													
Line No.    A. FPOCESS Lode   (1) Amount   (2) Unit of Measure   Number of Units   N									В. F	Process D	esigr	n Car	pacit	:V							
Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))    Description of Hazardous Waste No.				_	Α.	Prod	ess (	Code	(2) Unit of							-					D. Unit Name
Line No.  Waste No.  Waste No.  Annual Qty of Waste  (1) Process Codes  (2) Process Description (if code is not entered in 7.  (1) Process Codes  (2) Process Description (if code is not entered in 7.  (3) Process Description (if code is not entered in 7.  (4) Process Codes  (5) Process Description (if code is not entered in 7.  (6) Process Codes  (7) Process Description (if code is not entered in 7.  (8) Process Codes  (9) Process Description (if code is not entered in 7.  (9) Process Codes  (1) Process Codes  (1) Process Codes  (2) Process Description (if code is not entered in 7.  (9) Process Codes  (1) Process Codes  (1) Process Codes  (1) Process Codes  (2) Process Description (if code is not entered in 7.  (8) Process Codes  (9) Process Codes  (1) Process Codes  (2) Process Description (if code is not entered in 7.  (I) Process Codes  (I) Process Code									(1) A	(1) Amount											
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