

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



## 1. Reason for Submittal (Select only one.)

- Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
- Submitting as a component of the Hazardous Waste Report for \_\_\_\_\_ (Reporting Year)
  - 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 reporting year** (or State equivalent LQG regulations)
- Notifying that regulated activity is no longer occurring at this Site
- Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
- Submitting a new or revised Part A Form

## 2. Site EPA ID Number

## 3. Site Name

## 4. Site Location Address

Street Address

City, Town, or Village

State

Country

County

Zip Code

## 5. Site Mailing Address

Street Address

City, Town, or Village

State

Country

Zip Code

- Same as Location Address

## 6. Site Land Type

## 7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)

C.

B.

D.

8. Site Contact Information

• Same as Location

First Name

MI

Address  
Last Name

Title

Street Address

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

• Same as Location

Full Name

Address  
Date Became Owner (mm/dd/yyyy)

Owner Type

- Private
- County
- District
- Federal
- Tribal
- Municipal
- State
- 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

Full Name

Address  
Date Became Operator (mm/dd/yyyy)

Operator Type

- Private
- County
- District
- Federal
- Tribal
- Municipal
- State
- 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**

- Y • N 1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c
  - a. LQG -Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; 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.
  - 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.
  - c. VSQG Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
- Y • 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.
- Y • N 3. Mixed Waste (hazardous and radioactive) Generator
- Y • N 4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.
- Y • N 5. Receives Hazardous Waste from Off-site
- Y • N 6. Recycler of Hazardous Waste
  - a. Recycler who stores prior to recycling
  - b. Recycler who does not store prior to recycling
- Y • N 7. 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

**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.

**Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)****A. Other Waste Activities**

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

**B. Universal Waste Activities**

- Y • 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.
  - 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**

- 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

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

- Y • A. Opting into or currently operating under 40 CFR 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.
  - 1. College or University
  - 2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
  - 3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
- Y • B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.
- N

**13. Episodic Generation**

- Y • 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.
- N

**14. LQG Consolidation of VSQG Hazardous Waste**

- Y • 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 VSQGs hazardous waste.
- N

**15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)**

- Y • LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
  - 1. • Central Accumulation Area (CAA) or • Entire Facility
  - 2. Expected closure date: \_\_\_\_\_ mm/dd/yyyy
  - 3. Requesting new closure date: \_\_\_\_\_ mm/dd/yyyy
  - 4. Date closed : \_\_\_\_\_ mm/dd/yyyy
    - a. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
    - b. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)
- N

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

- Y • A. 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), or (27)? If “Yes”, you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
- Y • B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If “Yes”, you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.
- N

**17. Electronic Manifest Broker**

- Y • 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?
- N

**18. Comments** (include item number for each comment)

**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

## 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 261.2(30), 261.4(a)(23), (24), or (27) (or state equivalent); See <https://www.epa.gov/epawaste/hazard/dsw/statespf.htm> 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), 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 begin managing excluded HSM as of \_\_\_\_\_ (mm/dd/yyyy).
- Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- Facility has stopped 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 Code	B. Waste Code(s) for HSM	C. Estimate Short Tons of excluded HSM to be managed annually	D. Actual Short Tons of excluded HSM that was managed during the most recent odd-numbered year	E. Land-based Unit Code
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# ADDENDUM TO THE SITE IDENTIFICATION FORM: EPISODIC GENERATOR



**ONLY fill out this form if:**

You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category pursuant to 40 CFR Part 262 Subpart L.

Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if more space is needed.

**Episodic Event**

**Planned**

- Excess chemical inventory removal
- Tank cleanouts
- Short-term construction or demolition
- Equipment maintenance during plant shutdowns
- Other \_\_\_\_\_

**B. Unplanned**

- Accidental spills
- Production process upsets
- Product recalls
- "Acts of nature" (Tornado, hurricane, flood, etc.)
- Other \_\_\_\_\_

C. Emergency Contact Phone

D. Emergency Contact Name

E. Beginning Date \_\_\_\_\_ (mm/dd/yyyy)

F. End Date  
\_\_\_\_\_  
(mm/dd/yyyy)



**Waste 1**

G. Waste Description

H. Estimated Quantity (in pounds)

I. Federal and/or State Hazardous Waste Codes

**Waste 2**

G. Waste Description

H. Estimated Quantity (in pounds)

I. Federal and/or State Hazardous Waste Codes

**Waste 3**

G. Waste Description

H. Estimated Quantity (in pounds)

I. Federal and/or State Hazardous Waste Codes



# ADDENDUM TO THE SITE IDENTIFICATION FORM: LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE



**ONLY fill out this form if:**

You are an LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

### VSQG 1

A. EPA ID Number (if assigned)

B. Name

C. Street Address

D. City, Town, or Village

E. State

F. Zip Code

G. Contact Phone Number

H. Contact Name

I. Email

### VSQG 2

A. EPA ID Number (if assigned)

B. Name

C. Street Address

D. City, Town, or Village

E. State

F. Zip Code

G. Contact Phone Number

H. Contact Name

I. Email

### VSQG 3

A. EPA ID Number (if assigned)

B. Name

C. Street Address

D. City, Town, or Village

E. State

F. Zip Code

G. Contact Phone Number

H. Contact Name

I. Email

**United States Environmental Protection Agency**  
**HAZARDOUS WASTE REPORT \_\_\_\_\_ (reporting cycle)**  
**WASTE GENERATION AND MANAGEMENT (GM) FORM**



**1. Waste Characteristics**

B. EPA Hazardous Waste Code(s)

C. State Hazardous Waste Code(s)  
 D. Source Code

Management Method Code (for Source Code G25 only)

E. Form Code

F. Quantity Generated

UO  
M

Density

G. Waste minimization code

• lbs/gal • sg

**2. On-site Generation and Management of Hazardous Waste**

- Y • Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
- N

**Process System 1**      Management Method Code      Quantity

**Process System 2**      Management Method Code      Quantity

**3. Off-site Shipment of Hazardous Waste**

- Y • A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
- N

Site 1

B. EPA ID of facility to which waste was shipped

C. Management Method Code

D. Total Quantity Shipped

Site 1

B. EPA ID of facility to which waste was shipped

C. Management Method Code

D. Total Quantity Shipped

Site 1

B. EPA ID of facility to which waste was shipped

C. Management Method Code

D. Total Quantity Shipped

**4. Comments**

United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT \_\_\_\_\_ (reporting year)  
WASTE RECEIVED FROM OFF-SITE (WR) FORM



1. Waste 1

B. EPA Hazardous Waste Code(s)

C. State Hazardous Waste Code(s)

D. Off-site EPA ID Number

E. Quantity Received

UO  
M

Density

• lbs/gal • sg

F. Form Code

G. Management Method Code

2. Waste 2

B. EPA Hazardous Waste Code(s)

C. State Hazardous Waste Code(s)

D. Off-site EPA ID Number

E. Quantity Received

UO  
M

Density

• lbs/gal • sg

F. Form Code

G. Management Method Code

3. Waste 3

B. EPA Hazardous Waste Code(s)

C. State Hazardous Waste Code(s)

D. Off-site EPA ID Number

E. Quantity Received

UO  
M

Density

• lbs/gal • sg

F. Form Code

G. Management Method Code

4. Comments

United States Environmental Protection Agency  
2017 HAZARDOUS WASTE REPORT  
OFF-SITE IDENTIFICATION (OI) FORM



1. Site 1

A. EPA ID Number of Off-site Installation or Transporter

B. Name of Off-site Installation or Transporter

C. Handler Type (mark all that apply)    • Generator                    • Transporter                    • Receiving Facility

Address of Off-site Installation  
Street Address

City, Town, or Village

State

Zip Code

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter

B. Name of Off-site Installation or Transporter

C. Handler Type (mark all that apply)    • Generator                    • Transporter                    • Receiving Facility

Address of Off-site Installation  
Street Address

City, Town, or Village

State

Zip Code

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter

B. Name of Off-site Installation or Transporter

C. Handler Type (mark all that apply)    • Generator                    • Transporter                    • Receiving Facility

Address of Off-site Installation  
Street Address

City, Town, or Village

State

Zip Code

4. Comments

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 (1) Amount      (2) Unit of Measure	C. Process Total Number of Units	D. Unit Name
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**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	Process Description (if code is not entered in 7.D1))
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**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**