OMB# 2050-0024; Expires 05/31/2020

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		County
State	Country	Zip Code

5. Site Mailing Address ☐ Same as Location Address

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

6. Site Land Type

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

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 Address

First Name	MI	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 Address

Full Name	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 Address

Full Name	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.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
☐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.

11. 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 ☐ N	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 univer-
☐ Y ☐ N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

☐ Y ☐ 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.

14. LQG Consolidation of VSQG Hazardous Waste

☐ Y ☐ 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 VSQGs hazardous waste.

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

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

16. Notification of Hazardous Secondary Material (HSM) Activity

☐ Y ☐ N	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 ☐ N	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.

17. Electronic Manifest Broker

☐ Y ☐ 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?

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: 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 then 60 days, that moves the generator to a higher generator category pursuant to 40 CFR 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	
1. Planned ☐ Excess chemical inventory removal ☐ Tank cleanouts ☐ Short-term construction or demolition ☐ Equipment maintenance during plant shutdowns ☐ Other _____	2. Unplanned ☐ Accidental spills ☐ Production process upsets ☐ Product recalls ☐ "Acts of nature" (Tornado, hurricane, flood, etc.) ☐ Other _____
3. Emergency Contact Phone	4. Emergency Contact Name
5. Beginning Date _____ (mm/dd/yyyy)	6. End Date _____ (mm/dd/yyyy)

Waste 1

7. Waste Description				8. Estimated Quantity (in pounds)	
9. Federal and/or State Hazardous Waste Codes					

Waste 2

7. Waste Description				8. Estimated Quantity (in pounds)	
9. Federal and/or State Hazardous Waste Codes					

Waste 3

7. Waste Description				8. Estimated Quantity (in pounds)	
9. 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		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address		
4. City, Town, or Village	5. State	6. Zip Code
7. Contact Phone Number	8. Contact Name	
9. Email		

VSQG 2		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address		
4. City, Town, or Village	5. State	6. Zip Code
7. Contact Phone Number	8. Contact Name	
9. Email		

VSQG 3		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address		
4. City, Town, or Village	5. State	6. Zip Code
7. Contact Phone Number	8. Contact Name	
9. Email		