OMB#: 2050-0024 Expires 10/31/2005

| SEND COMPLETED FORM TO: | United States Environmental Protection Agency | | | | | |
|--|---|------------------------------------|----------------|---|--|--|
| The Appropriate State or EPA Regional Office. | RCRA SUBTITLE C SITE IDENTIFICATION FORM | | | | | |
| 1. Reason for | Reason for Submittal: | | | | | |
| Submittal (See instructions on page 9) | ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) | | | | | |
| | ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) | | | | | |
| MARK ALL BOX(ES) THAT APPLY | ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application | | | | | |
| | ☐ As a component of a Revised RCRA Hazardous Waste ਿਜ਼ਜ਼t A Permit Application (Amendment #) | | | | | |
| | ☐ As a component of the Hazardous Waste Report | | | | | |
| 2. Site EPA ID | EPA ID Number | | | | | |
| Number (page 10) | | | | | | |
| 0.014.11 | | | | | | |
| 3. Site Name (page 10) | Name: | | | | | |
| 4. Site Location | Street Address: | | | | | |
| Information (page 10) | City, Town, or Village: | State: | | | | |
| | County Name: | | Zip Code: | | | |
| 5. Site Land Type (page 10) | Site Land Type: Private County District Federal indian Municipal State Other | | | | | |
| 6. North American | A. B. | | | | | |
| industry Classification System (NAICS) | | | | | | |
| | C. | D. | | ` | | |
| Code(s) for the Site (page 10) | | | | | | |
| 7. Site Mailing | Street or P. O. Box: | | | | | |
| Address (page 11) | City, Town, or Village: | | | | | |
| | State: | | | | | |
| | Country: | Zip Code: | | | | |
| 8. Site Contact Person | First Name: | MI: | Last Name: | | | |
| (page 11) | Phone Number: Extension: | | Email address: | | | |
| 9. Operator and Legal Owner of the Site (pages 11 and 12) | A. Name of Site's Operator: | Date Became Operator (mm/dd/yyyy): | | | | |
| | Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other | | | | | |
| | B. Name of Site's Legal Owner: | Date Became Owner (mm/dd/yyyy): | | | | |
| | Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other | | | | | |

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|---|--|---------------|---|--|---|--|--|
| 9. Legal Owner | Street or P. O. Box: | | | | | | |
| (Continued) Address | City, Town, or Village: | | | | | | |
| | State: | | | | | | |
| | Country: | | | ! | Zip Code: | | |
| 10. Type of Regulated Mark "Yes" or "No | | as instructed | . (See instructions on pages 12 to 16.) | | | | |
| A. Hazardous Was Complete all pa | te Activities rts for 1 through 6. | | | • | | | |
| Y□N□ 1. Generator o | of Hazardous Waste | | | YONO 2 | . Transporter of Hazardous Waste | | |
| If "Yes", ch | oose only one of the fo | | | | | | |
| | Greater than 100 kg/mo of non-acute hazardous | waste; o | r | YUNU 3 | Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. | | |
| | 50 to 99.9 kg/mo (110) of non-acute hazardous | waste; o | r | Y 🗆 N 🗔 4 | . Recycler of Hazardous Waste (at your site) | | |
| ☐ c. CESQ | G: Less than 50 kg/mo (of non-acute hazardo | | | | . Exempt Boiler and/or Industrial | | |
| In addition, ir | ndicate other generator | activities | 5. | \$ 11 187 | If "Yes", mark each that applies. | | |
| Y ☐ N ☐ d. United States Importer of Hazardous Waste | | | | | ☐ a. Small Quantity On-site Burner Exemption | | |
| Y ☐ N ☐ e. Mixed Waste (hazardous and radioactive) Generator | | | | ☐ b. Smelting, Melting, and Refining Furnace Exemption | | | |
| | | ~~ | | Y 🗆 N 🗅 6. | . Underground Injection Control | | |
| B. Universal Waste Activities | | | | C. Used Oil Activities Mark all boxes that apply. | | | |
| Y \(\text{N} \) 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply: \[\frac{\text{Generate}}{\text{Generate}} \text{ Accumulate} \] | | | | Y □ N □ 1. Used Oil Transporter If "Yes", mark each that applies. □ a. Transporter □ b. Transfer Facility | | | |
| | 4 | ; | Nocamate | Y 🗆 N 🗆 2. | Used Oil Processor and/or Re-refiner | | |
| a. Batteries | ** | . 🗖 | | : '\$ | If "Yes", mark each that applies. | | |
| b. Pesticides | | | | | □ a. Processor□ b. Re-refiner | | |
| c. Thermostat | s | , a | | | | | |
| d. Lamps | | | | Y□N□3. | Off-Specification Used Oil Burner | | |
| | ify) | | | Y 🗆 N 🗆 4. | Used Oil Fuel Marketer | | |
| | ify) 🗅 | | | | If "Yes", mark each that applies. | | |
| g. Other (spec Y ☑ N ☑ 2. Destination | ify) Facility for Universal Wa | | | | □ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner □ b. Marketer Who First Claims the | | |
| Note: A hazardous waste permit may be required for this activity. | | | | | Used Oil Meets the Specifications | | |

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| 11. Description of Hazardous Wastes | s (See instructions on page 16.) | | |
| | ulated Hazardous Wastes. Please list the order they are presented in the regula e needed. | | |
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| P. Wasta Codes for State Berulate | d (i.e. man Fadaya) Hayaydaya Waata | Discontinut the weeks and a set the | Ctata regulated |
| | ed (i.e., non-Federal) Hazardous Wastes site. List them in the order they are pres codes. | | |
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| 12. Comments (See instructions on p | lll | | |
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| in accordance with a system designed to on my inquiry of the person or persons w information submitted is, to the best of m | y of law that this document and all attachm assure that qualified personnel properly of tho manage the system, or those persons by knowledge and belief, true, accurate, ar , including the possibility of fine and impris | pather and evaluate the information so directly responsible for gathering the id complete. I am aware that there are | ubmitted. Based information, the |
| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | | Date Signed (mm/dd/yyyy) |
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