| FO The | MPLETED RM TO: e Appropriate te or Regional | | | ental Protection Agen IDENTIFICATION FO | | WITE STATES | | | | |
|-----------|--|--|-----------------|---|---|--------------------------------|--|--|--|--|
| 1. | Reason for Submittal | Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID n for this location) | | | | | | | | |
| E | MARK ALL BOX(ES) THAT APPLY | □ To provide a Subsequent Notification (to update site identification information for this location) □ As a component of a First RCRA Hazardous Waste Part A Permit Application □ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) | | | | | | | | |
| | | ☐ As a component of the Hazardo | ous Waste Rep | ort (If marked, see sub-bulle | t below) | | | | | |
| | | ☐ Site was a TSD facility and >100 kg of acute hazardou: LQG regulations) | /or generator o | of ≥1,000 kg of hazardous wa eanup <u>in one or more month</u> | aste, >1 kg of acute hazard s of the report year (or Sta | ous waste, or te equivalent | | | | |
| 2. | Site EPA ID Number | EPA ID Number | | | | | | | | |
| 3. | Site Name | Name: | | | | | | | | |
| 4. | Site Location | Street Address: | | | en-university (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | | | | |
| | Information | City, Town, or Village: | | County: | | | | | | |
| | | State: | Country: | | Zip Code: | | | | | |
| 5. | Site Land Type | Private County Distr | rict Fed | eral Tribal M | unicipal State | Other | | | | |
| 6. | NAICS Code(s) for the Site (at least 5-digit codes) | A | | С | | | | | | |
| | | В. | | D | | | | | | |
| 7. | Site Mailing Address | Street or P.O. Box: | | | | | | | | |
| | | City, Town, or Village: | | | | | | | | |
| | | State: | Country: | | Zip Code: | | | | | |
| 8. | Site Contact | First Name: | MI: | Last: | | | | | | |
| | Person | Title: | | | | | | | | |
| | | Street or P.O. Box: | | | | | | | | |
| | | City, Town or Village: | | | | | | | | |
| | | State: | Country: | | Zip Code: | | | | | |
| | | Email: | | | | | | | | |
| | | Phone: | Ext | : : | Fax: | | | | | |
| 9. | Legal Owner and Operator | A. Name of Site's Legal Owner: | | | Date Became Owner: | ···· | | | | |
| | • | Owner Type: Private County | District | Federal Tribal | Municipal State | Other | | | | |
| | | Street or P.O. Box: | | | | | | | | |
| | | City, Town, or Village: | | | Phone: | | | | | |
| | | State: | Country: | | Zip Code: | | | | | |
| | | B. Name of Site's Operator: | | | Date Became Operator: | | | | | |
| | | Operator Private County | District | Federal Tribal | Municipal State | Other | | | | |

| EPA ID Number | OMB#: 2050-0024; Expires 12/31/2014 |
|---|--|
| 10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submittin | ng the form); complete any additional boxes as instructed. |
| A. Hazardous Waste Activities; Complete all parts 1-10. | |
| 1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg/(2,200 lbs./mo.) or more of hazardous waste: Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/r (220 lbs./mo) of acute hazardous spill cleanu material. b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of acute hazardous waste. c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-ac hazardous waste. If "Yes" above, indicate other generator activities in 2-4. 2. Short-Term Generator (generate from a short-term or one-ti event and not from on-going processes). If "Yes", provide ar | b. Transfer Facility (at your site) (2.2 Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Y N 7. Recycler of Hazardous Waste non- sute Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining |
| explanation in the Comments section. Y N 3. United States Importer of Hazardous Waste Y N 4. Mixed Waste (hazardous and radioactive) Generator | Y N 9. Underground Injection Control Y N 10. Receives Hazardous Waste from Offsite |
| B. Universal Waste Activities; Complete all parts 1-2. Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicat types of universal waste managed at your site. If "Y mark all that apply. | |
| 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 the activity. | 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 Burner b. Marketer Who First Claims the Used Oil Meets the Specifications |

| EF | PA ID Number | | $\bot \bot \bot$ |] | | _ _ | | ╝┖ | | لــــــــــــــــــــــــــــــــــــــ | | | (| OMB# | #: 2050-00 <i>:</i> | 24; Exp | ires <u>12/31/2014</u> | |
|--------|--|-------------------|-------------------|-------------------|--------------------|---------|--------------------|----------------|--------|---|---|------------------------------|-----------|-------------------------|---|------------------------|--|----|
| D. | Eligible Acad | | | | | | | tifica | tion | for op | oting in | ito or w | vithdraw | ing fr | om manag | ing labo | ratory hazardous | |
| | You car | ONL | . Y Opt ir | nto Sul | bpart k | Cif: | | | | | | | | | | | | |
| | agre | ement | | college | e or un | | | | | | | | | | | | mal affiliation ation agreement wi | :h |
| | • you l | nave c | hecked | with y | our Sta | ate to | determ | ine if | 40 C | FR P | art 262 | Subpar | t K is ef | fective | e in your sta | te | | |
| Υ[| ☐ N☐ 1. 0 | pting i ee the | nto or c | urrentl y-item | y oper i instru | ating u | ınder 4 s for d | 0 CF lefini | R Pa | ort 262 of ty | Subpa | art K for eligible | the mar | nagem mic e i | ent of haza ntities. Ma | rdous wa rk all tha | stes in laboratories t apply: | |
| | a | . Coll | ege or l | Jnivers | sity | | | | | | | | | | | | | |
| | b | . Tea | ching H | ospital | I that is | owne | d by o | r has | a for | mal w | ritten a | ffiliation | agreem | ent w | ith a college | e or unive | ersity | |
| | c | . Non | -profit Ir | nstitute | that is | s owne | ed by o | r has | a for | rmal w | vritten a | affiliation | n agreen | nent w | ith a colleg | e or unive | ersity | |
| Υ[| N 2. W | ľithdra | wing fro | om 40 (| CFR P | art 262 | 2 Subp | art K | for th | ne ma | nagem | ent of h | azardou | s was | tes in labora | atories | | |
| 11. | Description of | f Haz | ardous | Waste | 9 | | | | | | | | | | | | | |
| ۹. | | them | | | | | | | | | | | | | | | rastes handled at onal page if more | |
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| | | | | | | | | | | | | | | | | | | |
| 3. | Waste Codes hazardous wa spaces are ne | stes h | andled | | | | | | | | | | | | | | Regulated Il page if more | |
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| EPA ID Number | ON | /IB#: 2050-0024; Expires <u>12/31/2014</u> |
|---|---|--|
| 12. Notification of Hazardous Secondary Ma | terial (HSM) Activity | |
| Y N Are you notifying under 40 CFR 2 secondary material under 40 CFR | 60.42 that you will begin managing, are managing 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (2 | ng, or will stop managing hazardous 5)? |
| If "Yes", you <u>must</u> fill out the Adde Material. | endum to the Site Identification Form: Notification | n for Managing Hazardous Secondary |
| 13. Comments | | |
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| on my inquiry of the person or persons who information submitted is, to the best of my k penalties for submitting false information, in | that this document and all attachments were pre- tre that qualified personnel properly gather and e- manage the system, or those persons directly re- nowledge and belief, true, accurate, and comple- cluding the possibility of fines and imprisonment a, all owner(s) and operator(s) must sign (see 40 | evaluate the information submitted. Based esponsible for gathering the information, the etc. I am aware that there are significant to for knowing violations. For the RCRA |
| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
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| EPA ID Number | | OMB#: 2050-0024; Expires 12/31/2014 |
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ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



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- You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See http://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 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you 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. <u>Do not include any information regarding your hazardous waste activities in this section.</u>

| waste activities in this section. | | | | | | | | | |
|---|---|--|--|----------|--|--|--|--|--|
| 1. Indicate 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 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 (answer using codes listed in the Code List section of the instructions) b. Waste code(s) for HSM c. Estimated short tons of excluded HSM to be managed annually c. Estimated short tons of excluded HSM to be managed annually code (answer using codes listed in the during the most recent odd-numbered year | | | | | | | | | |
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| 3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25)) Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)? | | | | | | | | | |