United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reaso	on for Su	bmittal	(Sele	ct on	ly one	e.)												
		Obtaini for a pe				an EPA	ID nu	mber f	for on	-goin	g regula	ited acti	ivities	(Items 10-17	7 belo	w) that	will	continue
Ī		Submit	ting a	as a co	ompo	nent of	the F	lazard	ous W	/aste	Report	for		(Reportin	g Yea	r)		
			wa	ste, >	1 kg	of acut	e haza	ardous	wast	e, or	> 100 k	g of acut	te haz	of ≥ 1,000 kg o zardous waste gulations)				
		Notifyi	Notifying that regulated activity is no longer occurring at this Site															
		Obtain	ing o	r upd	ating	an EPA	ID nu	mber	for co	nduc	ting Ele	ctronic N	Manif	est Broker ac	tivitie	es .		
		Submit	tting a	a new	or re	vised P	art A	(perm	it) Fo	rm								
2. Site E	EPA ID N	umber																
3. Site i	Name																	
		***************************************															- Avenue or a very	
4. Site I	ocation	Address	S															
	Street A	Address																
	City, To	wn, or V	/illage	e 				(County				
	State						Co	untry						Zip Code				
	Latitud	e					Loi	ngitud	e					Use Lat/Le	ong a	s Primar	у Ас	ldress
5. Site	Mailing	Address												Same	e as L	ocation	Stre	et Address
	Street A	Address																
	City, To	wn, or V	/illage	e														
	State						Со	untry						Zip Code				
6. Site	Land Ty	pe						16, SERIOLES										
	Priv	ate	С	ounty	/	Dis	trict		Fede	eral	П	ribal		Municipal		State		Other
7. Nort	th Ameri	ican Indi	ustry	Class	ificat	ion Sys	tem (NAICS) Cod	e(s) fo	or the S	ite (at le	east 5	-digit codes)				
	A. (Pr	imary)				2 - 2 - 1					C.							
	B.										D.		100 Miles					

C 1 1 1 5			**************************************		Г	T _{Sama as La}	cation Addres	
Contact Inform	ation		Г		L	Same as Lo	Addres	
First Name	***		МІ		Last Name			
Title	Facility Control of the Control of t					Manual Company of the		
Street Addres	S							
City, Town, o	r Village							
State			Country		Zip Code			
Email								
Phone			Ext		Fax		······································	
A. Name of S Full Name					Date Beca	Same as Lo	ocation Addre	
Owner Type Private	County	District	Federal	Tribal	Municipal	State	Other	
Street Addre	ss							
City, Town, o	r Village							
State			Country		Zip Code			
Email								
Phone			Ext		Fax			
Comments					- California de la Cali			
B. Name of	Site's Legal Op	perator				Same as L	ocation Add	
Full Name					Date Beca	ame Operator	(mm/dd/yyy	
Operator Ty Private Street Addre	County	District	=ederal	Tribal	Municipal	State	Other	
City, Town,					A CONTRACTOR OF THE CONTRACTOR			
State			Country		Zip Code			
Email			Country		1-1-1-1-1			
Phone			Ext		Fax			

Number														OMB# 2050-0024; Expires 04/30/2024
pe of Reglark "Yes" A. Haza	or "N	lo" fo	r all c	urrer	nt act	your ivities	site) (as	of the	date	subr	mitt	ing th	e f	form); complete any additional boxes as instructed.
A. Haza	Tki					lazaro	lous	Wast	e—If	"Yes'	", m	ark or	nly	one of the following—a, b, c
				a. Lo	-	-Ger haza - Ge (2.2 - Ge	nerat ardou nera lb/m	es, in us wa tes, in no) of tes, in	any o ste (in any acuto acuto n any	calen nclud caler e haz caler	idar les (ndar ard	mont quanti r mon ous w	h, tie th, as	1,000 kg/mo (2,200 lb/mo) or more of non-acute es imported by importer site); or , or accumulates at any time, more than 1 kg/mo
				b. SC	QG	1 kg	(2.2	lb) o	f acut	e ha	zaro	dous w	/n	no) of non-acute hazardous waste and no more tha ste and no more than 100 kg (220 lb) of any acute
				c. VS	SQG	Less	nazardous spill cleanup material. Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.							
	□N	pr	oces	ses).	If "Ye	es", pi	rovid	e an	explai	natio	n in	the C	or	n or one-time event and not from on-going mments section. Note: If "Yes", you MUST indicate 10.A.1 above.
□v	□N	3. fo	Trea or the	at you are a Generator of Hazardous Waste in Item 10.A.1 above. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required r these activities.										
	N	4.	1. Receives Hazardous Waste from Off-site											
Y	N	5	Recy	cler o	f Haz	ardou	ıs W	aste						
				a. R	ecycl	er wh	o sto	res p	rior t	o rec	ycli	ng		
				1	25 (4)							o recy		
Y	N	6	. Exer	npt B	oiler	and/d	or Ind	dustri	al Fur	nace		f "Yes"	, r	mark all that apply.
				a. Si	mall	Quan	tity C	n-sit	e Buri	ner E	xen	nption		
			П	b. S	melti	ng, N	leltin	g, an	d Refi	ining	Fur	nace E	X	emption
B. Wa handle	ed at	your	site.	List tl	hem	in the	orde	er the	dous y are	Wast pres	t es. ent	Please ed in t	e li	ist the waste codes of the Federal hazardous waste: e regulations (e.g. D001, D003, F007, U112). Use an
						_								
-		//				+								
C. Was wastes spaces	s hand	dled a	at you	ate Ro Ir site	egula . List	ted (i then	n on- l n in t	Feder he or	al) Ha	azaro ney a	dou: re p	s Was oresen	te:	 Please list the waste codes of the State hazardous d in the regulations. Use an additional page if more
spaces	arer	ieeae	T.		i									
						\perp								

ID Number		OMB# 2050-0024; Expires 04/30/2024
dditional Regula A. Other W		ste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.) vities
Ty TN	1. Tra	nsporter of Hazardous Waste—If "Yes", mark all that apply.
	П	a. Transporter
		b. Transfer Facility (at your site)
ПуПл	2. Ur	nderground Injection Control
ПУПИ		nited States Importer of Hazardous Waste
		cognized Trader—If "Yes", mark all that apply.
1 11		a. Importer
		b. Exporter
□Y □N	5. Im	porter/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark a apply.
	П	a. Importer
	П	b. Exporter
LY L N	apply.	ge Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that Note: Refer to your State regulations to determine what is regulated. a. Batteries
	一一	b. Pesticides
		c. Mercury containing equipment
	一	d. Lamps
	一一	e. Aerosol Cans
		f. Other (specify)
	一一	g. Other (specify)
☐Y ☐ N	2. D	estination Facility for Universal Waste Note: A hazardous waste permit may be required for this
C. Used Oil		
$\square_{Y} \square_{N}$	1. Use	ed Oil Transporter—If "Yes", mark all that apply.
		a. Transporter
	П	b. Transfer Facility (at your site)
TY TN	2. Use	ed Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
	ΤП	a. Processor
	一片	b. Re-refiner
ПуП	3. Off	F-Specification Used Oil Burner
	4 110	ed Oil Fuel Marketer—If "Yes", mark all that apply.
	1 7.03	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burn
		a. Marketer Who Directs Snipment of On-Specification used Oil to Oil-Specification used Oil Burn
1	1 1	The Manufactor Who First Claims the Liced City MARCIT THE SHOULD

Y	 Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuti- cals—if "Yes", mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
	a. Healthcare Facility
	b. Reverse Distributor
TY N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous wast pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.
	nic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazar o 40 CFR Part 262, Subpart K.
∏Y ∏N	A. Opting into or currently operating under 40 CFR Part 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
N N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratorie
pisodic Ge	eration
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.
.QG Consol	lation of VSQG Hazardous Waste
.QG Consol	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 VSQG hazardous waste.
YI	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 VSQG
YI	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 VSQG hazardous waste.
Notification	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 VSQG hazardous waste. of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
Notification	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 VSQG hazardous waste. of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required) LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.

lotification of	or mazare			•			ity									
Y N	Are you	u notify	ring und	er 40 C materia	FR 260. al unde	42 that y r 40 CFR ite Ident	ou wil 260.30), 40 CF	FR 26	51.4(a)(23),	(24), (25), o	r (27)?	If "Yes	s", you
ectronic Ma	anifest B	roker														
Y N	tem to	obtain	ing as a , compl genera	ete, and	n, as de d transr	fined in 4 mit an ele	10 CFR ectroni	260.10 ic mani), ele ifest	ecting unde	to use r a co	e the E ntractu	PA ele	ectron ationsl	ic man hip wit	ifest sy th a ha
omments (i	include it	tem nu	mber fo	r each	comme	nt)										
3																
Certification	n I certif	ry unde	r penalt	y of lav	v that tl	his docur	ment a	nd all a	attac	hmei	nts we	re pre	pared	under	· my di	rection
Certification rision in accomitted. Base	ordance	with a	system	designe person	ed to ass	sure that sons who	qualif mana	ied per ge the	rsoni syste	nel pi em, o	operly r thos	/ gathe e pers	er and ons di	evalua rectly	ate the respor	e intorr nsible f
rision in acco mitted. Base g the inform re that ther	ordance ed on my nation, the e are sig	with a inquiry ne infor nificant	system y of the mation t penalti	designe person submit ies for s	ed to ass or pers ted is, t submitti	sure that sons who so the besing false	qualif mana st of m inform	ied per ge the ny know nation, i	rsoni syste vled inclu	nel pi em, d ge an iding	operly or thos d belie the po	gathe e perse ef, true essibili	er and ons di e, accu ty of f	evalua rectly irate, a ines ar	ate the respor and co nd imp	e intorn nsible f mplete orisonm
rision in acco mitted. Base of the inform	ordance ed on my nation, the e are sig	with a inquiry ne infor nificant	system y of the mation t penalti	designe person submit ies for s	ed to ass or pers ted is, t submitti	sure that sons who so the besing false	qualif mana st of m inform	ied per ge the ny know nation, i	rsoni syste vled inclu	nel pi em, d ge an iding	operly or thos d belie the po	gathe e perse ef, true essibili	er and ons di e, accu ty of f	evalua rectly irate, a ines ar	ate the respor and co nd imp	e intorn nsible f mplete orisonm
ision in acco nitted. Base g the inform re that ther wing violatio	ordance ed on my nation, the e are sig ons. Not and 270.2	with a inquiry ne information in inf	system y of the mation t penalti the RCR	designe person submit ies for s A Haza	ed to ass or pers ted is, t submitti rdous V	sure that sons who so the be- ing false Vaste Pa	qualif mana st of m inform rt A pe	ied per ge the ny know nation, ermit A	rsoni syste vledg inclu appli	nel pi em, o ge an iding catio	operly or thos d belie the po	gathe e pers ef, true ossibili owners	er and ons di e, accu ty of f	evalua rectly irate, a ines ar	ate the respor and co nd imp	e intorn nsible f mplete orisonm
ision in accomitted. Base g the informate that there wing violation 270.10(b) a	ordance ed on my nation, the are sigons. Not and 270.	with a inquiry ne information inficant re: For 111).	system y of the mation t penaltithe RCR	designe person submit ies for s A Haza or or au	ed to ass or pers ted is, t submitti rdous V	sure that sons who so the be- ing false Vaste Pa	qualif mana st of m inform rt A pe	ied per ge the ny know nation, ermit A	rsoni syste vledg inclu appli	nel pi em, o ge an iding catio	roperly or thos d belie the po n, all o	gathe e pers ef, true ossibili owners	er and ons di e, accu ty of f	evalua rectly irate, a ines ar	ate the respor and co nd imp	e intorn nsible f mplete orisonm
ision in accomitted. Base g the inform re that there wing violatic 270.10(b) a	ordance ed on my nation, the are sigons. Not and 270.	with a inquiry ne information inficant re: For 111).	system y of the mation t penaltithe RCR	designe person submit ies for s A Haza or or au	ed to ass or pers ted is, t submitti rdous V	sure that sons who so the be- ing false Vaste Pa	qualif mana st of m inform rt A pe	ied per ge the ny know nation, ermit A	rsoni syste vledg inclu appli ate	nel pi em, o ge an iding catio	roperly or thos d belie the po n, all o	gathe e pers ef, true ossibili owners	er and ons di e, accu ty of f	evalua rectly irate, a ines ar	ate the respor and co nd imp	e intorn nsible f mplete orisonm
rision in accomitted. Base g the informate that there wing violation 270.10(b) a Signature of Printed Na	ordance ed on my nation, the e are sig ons. Not and 270.2 of legal of	with a inquiry ne informificant ite: For 111).	y of the mation t penaltithe RCR	designe person submit ies for s A Haza or or au	ed to ass or pers ted is, t submitti rdous V	sure that cons who to the be- ing false Vaste Pa	qualif mana st of m inform rt A pe	ried per ge the ge the say known action, for the permit A	rsoni syste vledg inclu appli Date	mel pi em, c ge an ding catio	roperly or thos d belie the po n, all o	y gather	er and ons di e, accu ty of f	evalua rectly irate, a ines ar	ate the respor and co nd imp	e intorn nsible f mplete orisonm

OMR#	2050-0024:	Expires	04/30/2024
CIVILDIT	LUJU-UULT.		0-110017-07

	DA	ID	Nu	ml	nor
г	PH	117	1/1/17		1

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 260.30, 261.4(a)(23), (24), (25), or (27) (or state equivalent; See https://www.epa.gov/hw/where-2018-definition-solid-waste-rule-effect 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), (25), 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 requ	uested)										
Facility wil	I begin managing excluded HSM as of _	(mm/d	d/yyyy).									
Facility is g	till managing excluded HSM/re-notifying	ng as required by March	1 of each even-numbered yea	r.								
Facility has	s stopped managing excluded HSM as o	of(mn	n/dd/yyyy) and is notifying as	required.								
quantities, in s	of Excluded HSM Activity. Please list the chart tons, to describe your excluded History). Use additional pages if more spaces.	SM activity ONLY (do not	e Code List section of the inst include any information rega	ructions) and rding your								
A. Facility	B. Waste Code(s) for HSM	C. Estimate Short Tons	D. Actual Short Tons of	E. Land-								
Code		of excluded HSM to	excluded HSM that was	based Unit								
		be managed annually	managed during the most	Code								
			recent odd-numbered year									

OMB#	2050-0024;	Expires	04/30/2024
------	------------	----------------	------------

			27	
FPA	ID	Num	ber	

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		2. Unplanned						
Texcess chemical inventory rem	oval	☐Accidental spills						
Tank cleanouts		Production process upsets						
	molition	Product recalls						
		"Acts of nature" (Tornado, hurricane, flood, etc.)						
Other								
3. Emergency Contact Phone	4. Emergency Co							
5. Beginning Date	(mm/dd/yyyy)	6. End Date	(mm/do	1/yyyy)				
Vaste 1								
7. Waste Description			8. Estimated Quanti	ty (in pounds)				
9. Federal and/or State Hazardo	ous Waste Codes	And the second s						
Vaste 2								
7. Waste Description			8. Estimated Quanti	ty (in pounds)				
9. Federal and/or State Hazardo	ous Waste Codes							
Waste 3								
7. Waste Description			8. Estimated Quant	ity (in pounds)				
9. Federal and/or State Hazard	ous Waste Codes							
4								

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		

	HAZ	ited States E ARDOUS WA E GENERATIO	ASTE REPO	ORT	(reporting c	ycle)	9 (3)	AL PROTES	
A. Waste De					.,, , , and				
B. EPA Haza									
C. State Haz	ardous W	Vaste Code(s)							
D. Source Co	de		Manager	nent Method (0	G25)	Country Code	e (G62)		
E. Form Cod	e		F. Waste	Minimization C	ode	G. Radioactiv	ve Mixed	□ Y □	
H. Quantity			иом	Density			☐ lbs/gal ☐ sg		
	nt of Haz	Management N			C. ilia . Lina	I of the fourtre	otavont di	special or re	
OY ON		any of this waste If yes, continue to		enerated at this	тасшту ѕпіррес	a on-site for tre	atment, di	sposal, of Te	
Site 1									
B. EPA ID of	facility t	to which waste w	as shipped	C. Manageme	nt Method Cod	de D. Total (Quantity Sh	ipped	
Site 2				l .				Y.	
B. EPA ID o	B. EPA ID of facility to which waste was shipped		C. Manageme	C. Management Method Code		D. Total Quantity Shipped			
Site 3			as shipped		nt Method Co	do D Total	Quantity Sh		

D Number			Ol	VIB# 2050-002	4; Expires 04	I/30/20	
United States	Environme	ental Protect	tion Agen	су	* HART	O STATES.	
HAZARDOUS W							
WASTE RECEI					No.	PROTECTION	
44/1012111000							
Waste 1							
A. Waste Description							
B. EPA Hazardous Waste Code(s)							
C. State Hazardous Waste Code(s)							
D. EPA ID Number		E. Form Code		F. Manageme			
G. Quantity	UOM	Density			☐ lbs/gal	Sg	
A. Waste Description B. EPA Hazardous Waste Code(s)							
C. State Hazardous Waste Code(s) D. EPA ID Number	C. State Hazardous Waste Code(s)		E. Form Code		F. Management Code		
G. Quantity			Density			☐ lbs/gal ☐ sg	
Waste 3							
A. Waste Description		1	T		T		
B. EPA Hazardous Waste Code(s)							
B. EPA Hazardous Waste Code(s) C. State Hazardous Waste Code(s)							
		E. Form Code		F. Managem	ent Code		

mments			