United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM



 Reason for 	Submittal (Select only o	one.)		
	Obtaining or updating for a period of time.	ng an EPA ID number for on-goi	ng regulated activities (Items 10-17 be	low) that will continue
	Submitting as a com	ponent of the Hazardous Waste	e Report for(Reporting Ye	ear)
	waste, > 1	kg of acute hazardous waste, or	r, and/or generator of ≥ 1,000 kg of nor r > 100 kg of acute hazardous waste spi ate equivalent LQG regulations)	CHECK DAMEND FOR A CONTROL OF THE CO
П	Notifying that regula	ited activity is no longer occurri	ing at this Site	
	Obtaining or updatir	ng an EPA ID number for condu	cting Electronic Manifest Broker activit	ies
	Submitting a new or	revised Part A (permit) Form		
2. Site EPA ID	Number			
3. Site Name				
4. Site Location	on Address			
Stree	et Address			
City,	Town, or Village		County	
State	2	Country	Zip Code	
Latitu	ude	Longitude	Use Lat/Long	as Primary Address
5. Site Mailin	ng Address		Same as	Location Street Address
Stree	t Address			
City,	Town, or Village			
State	·	Country	Zip Code	
6. Site Land 1	Гуре			
Pr	rivate County	District Federal	Tribal Municipal	State Other
7. North Am	erican Industry Classifica	ation System (NAICS) Code(s) f	or the Site (at least 5-digit codes)	
A. (Primary)		C.	
В.			D.	

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Contact Inf	ormatio	n										Q			S	ame as I	Loca	tion Addr
First Nam	е						MI		nggilioninillist for beidding	-			Las	t Name				
Title								10 17										
Street Ad	dress																	C. Constant Constant
City, Tow	n, or Vill	age										VIII = 45						
State							Cou	ntry					Zip	Code				
Email																		
Phone							Ext			d in the second			Fax	(
A. Name Full Nam	of Site's											· · · · · · · · · · · · · · · · · · ·		Date Beca				ation Add (dd/yyyy)
Owner Ty	Enterior	Count	ty		Distr	ict]=ede	eral		Tribal]м	unicipal		State		Othe
Street Ac	ldress																	
City, Tow	n, or Vil	lage		MANAGEMENT POLICE			DE COUR DE MOTOR DE CONTRE											
State						W 2	Cou	intry					Zip	Code				
Email																		
Phone			115				Ext						Fa	x				
Common	tc																	
Commen		i Legal	Ope	erator			· · · · · · · ·									Same as	Loc	cation Add
	of Site's	i Legal	Ope	erator	•									Date Bec				
B. Name Full Nam Operator	of Site's	s Legal	to the second		Distr	rict		ed	eral		Triba			Date Bec unicipal			r (m	ım/dd/yy
B. Name Full Nam Operator Private Street Ac	of Site's Type ddress	Coun	to the second			rict		ed	eral		Triba	ı				Operato	r (m	ım/dd/yy
B. Name Full Nam Operator	of Site's Type ddress	Coun	to the second			ict					Triba	ı		unicipal		Operato	r (m	ım/dd/yy
B. Name Full Nam Operator Private Street Ac	of Site's Type ddress	Coun	to the second			rict	Con	ed			Triba	I				Operato	r (m	ım/dd/yy
B. Name Full Nam Operator Private Street Ac City, Tov	of Site's Type ddress	Coun	to the second			ict	Con	untry			Triba		Zi	unicipal		Operato	r (m	ation Add

	Waste A		lazarda ya Mast	a If "Vac" man	k anhi ana af	the following—a, b, c	
LY LN	1. Gen	T					
	Ц	a. LQG	hazardous was - Generates, ir (2.2 lb/mo) of - Generates, ir	ste (includes qua n any calendar n acute hazardou	antities impo nonth, or acc s waste; or nonth or accu	rg/mo (2,200 lb/mo) or more of non- rted by importer site); or umulates at any time, more than 1 kg umulates at any time, more than 100 up material.	g/mo
		b. SQG	1 kg (2.2 lb) of		is waste and	on-acute hazardous waste and no m no more than 100 kg (220 lb) of any	
		c. VSQG	Less than or e	qual to 100 kg/r	no (220 lb/m	o) of non-acute hazardous waste.	
N N	proces	ses). If "Ye	s", provide an e		e Comments	e-time event and not from on-going section. <i>Note: If "Yes", you MUST inbove.</i>	ndicate
LY DN	3. Trea	ater, Store se activitie	or Disposer of s.	Hazardous Was	te—Note: Pa	t B of a hazardous waste permit is re	equired
TY TN	4. Rece	eives Hazar	dous Waste fro	m Off-site	Electric Control		
□Y □N	5 Recy	cler of Haz	ardous Waste				
		a. Recycle	er who stores p	rior to recycling			
				t store prior to r			
LY DN	6. Exer	mpt Boiler	and/or Industria	al Furnace—If "\	'es", mark all	that apply.	
		a. Small (Quantity On-site	Burner Exempt	ion		
		b. Smelti	ng, Melting, and	l Refining Furna	ce Exemption		
	our site.	List them i	n the order the			vaste codes of the Federal hazardous tions (e.g. D001, D003, F007, U112).	
	1						

ID Number					<u></u>						OMB# 2050-0024; Expires 04/30/20
dditional Reg A. Other	53			0.7	NOTE:	Refe	r to yo	our Sta	ate reg	ulation	ns to determine if a separate permit is required
Y	N	1. Tr	anspoi	ter of H	azardo	us Wa	aste—	If "Ye	s", mar	k all th	hat apply.
			a. ⁻	Franspor	ter		(Parallel State of St		napia manda manda indonesi yana manda	The state of the state of	
			b.	Transfer	Facility	y (at y	our si	te)			
Y	N	2. U	ndergi	round In	jection	Cont	rol .				
Y T	N	3. U	nited S	States Im	porter	of Ha	azardo	ous W	aste		
Y	N	4. R	ecogni	zed Trad	ler—If	"Yes"	, marl	k all th	nat app	ly.	
			a. I	mporter					www.dovegorgo-brok-en-sylvisted		
			b. 1	Exporter				-			
Y	N	5. Ir that	nporte apply.	r/Export	ter of S	pent	Lead-	Acid B	latterie	s (SLAE	Bs) under 40 CFR 266 Subpart G—If "Yes", mark
			a. I	Importer	i a						
		Г	b.	Exporter	i.						
Y	N :	apply.	Note	: Refer to	o your	State	regula	ations	to det	ermine	nulate 5,000 kg or more) - If "Yes" mark all that e what is regulated.
		apply.	г	: Refer to	o your	State	regula	ations	to det	ermine	e what is regulated.
		믐		sticides							
		님	-								
		H	-	ercury co	ntainir	ng equ		nt	-		en e
		Η	d. Lai								
		님	-	rosol Car				***********			
		井		ner (spec							
		Ц		her (spec							
Y		2. C activi		tion Faci	lity for	Univ	ersal \	Naste	Note:	A haza	ardous waste permit may be required for this
C. Used	Oil A	ctiviti	es								
Y	N	1. Us	ed Oil	Transpor	ter—If	"Yes	", mar	rk all t	hat app	oly.	
			a. Tr	ansporte	er						
			b. Tr	ansfer F	acility (at yo	ur site	<u>+</u>)			
☐Y ☐] N	2. Us	ed Oil	Processo	r and/	or Re	-refine	er—If	"Yes",	mark a	all that apply.
			a. Pr	ocessor							
			b. Re	e-refiner							
Y [N	3. Of	-Speci	fication	Used C	il Bur	ner				
□ _Y □] _N	4. Us	ed Oil	Fuel Mai	rketer-	−If "Y	'es", n	nark a	II that a	apply.	
			a. M	arketer '	Who D	irects	Shipn	nent c	of Off-S	pecific	cation Used Oil to Off-Specification Used Oil Burn
-		一一	1		\\/L = E		-				the Considerations

N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—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
YN	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.
	mic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazar to 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
Y N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratorie
pisodic Ger	neration
LY LN	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.
	dation of VSQG Hazardous Waste
.QG Consoli	
.QG Consoli	pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.
N N	
N N	of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
Notification	of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
Notification	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.

Notification of												
	Are you noti hazardous so must fill out	econdary n	naterial un	der 40 CFR	260.30, 4	O CFR 2	261.4(a)(23), (2	4), (25),	or (27)?	If "Yes",	you
electronic Mar	ifest Broker											
	Are you noti tem to obtai ardous wast	n, complet	e, and tra									
Comments (in	clude item n	umber for	each comr	ment)				HIM STAN				
P												
Cortification	Loortify und	ar nenalty	of law that	this docum	nent and	all attac	chmant	S WAFA	nrenare	Lunder	my direct	ion o
ision in accord	dance with a	system de	signed to	assure that	qualified	person	nel pro	perly ga	ther an	d evalua	te the inf	orma
vision in accord mitted. Based g the informat	dance with a on my inquir tion, the info	system de y of the pe rmation su	signed to a erson or pe bmitted is	assure that ersons who , to the bes	qualified manage t at of my k	person he syst nowled	nel pro em, or ge and	perly ga those p belief, t	ther and ersons of rue, acc	d evalua lirectly r urate, a	te the inf esponsib nd compl	orma le for ete. I
vision in accord mitted. Based g the informat are that there a wing violation	dance with a on my inquir tion, the info are significan s. Note: For	system de y of the pe rmation su t penalties	signed to erson or pe bmitted is for submi	assure that ersons who , to the bes itting false i	qualified manage t it of my k nformatio	person he syst nowled on, incli	nel pro em, or ge and uding tl	perly ga those p belief, t ne possi	ther and ersons carue, accarding to the second the seco	d evalua lirectly r urate, a fines an	te the inf esponsib nd compl d impriso	orma le for ete. I nmer
vision in accord mitted. Based g the informat are that there a wing violation	dance with a on my inquir tion, the info are significan s. Note: For	system de y of the pe rmation su t penalties	signed to erson or pe bmitted is for submi	assure that ersons who , to the bes itting false i	qualified manage t it of my k nformatio	person he syst nowled on, incli it Appli	nel pro em, or ge and uding ti ication,	perly ga those p belief, t ne possi all owr	ther and ersons carue, accarding to the second the seco	d evalua lirectly r urate, a fines an	te the inf esponsib nd compl d impriso	orma le for ete. I nmer
Certification vision in according the information that there awing violation 270.10(b) and Signature of	dance with a on my inquirtion, the info are significants. Note: For 1 270.11).	system de y of the pe rmation su t penalties the RCRA	signed to a erson or pe bmitted is for submi Hazardous	assure that ersons who , to the bes itting false i s Waste Pa	qualified manage t it of my k nformation	person he syst nowled on, incli it Appli	nel pro em, or ge and uding ti ication,	perly ga those p belief, t ne possi	ther and ersons carue, accarding to the second the seco	d evalua lirectly r urate, a fines an	te the inf esponsib nd compl d impriso	orma le for ete. I nmer
vision in accordinited. Based g the information re that there awing violation 270.10(b) and	dance with a on my inquirtion, the info are significants. Note: For 1 270.11).	system de y of the pe rmation su t penalties the RCRA	signed to a erson or pe bmitted is for submi Hazardous or authoriz	assure that ersons who , to the bes itting false i s Waste Pa	qualified manage t it of my k nformation	person he syst nowled on, incli it Appli	nel pro em, or ge and uding ti ication,	perly ga those p belief, t ne possi all owr	ther and ersons carue, accarding to the second the seco	d evalua lirectly r urate, a fines an	te the inf esponsib nd compl d impriso	orma le for ete. I nmer
vision in according the information that there are that there are that there are that the control of the contro	dance with a on my inquirtion, the info are significants. Note: For 1 270.11).	system de y of the pe rmation su t penalties the RCRA	signed to a erson or pe bmitted is for submi Hazardous or authoriz	assure that ersons who , to the bes itting false i s Waste Pa	qualified manage t it of my k nformation	person he syst nowled on, incli it Appli	nel pro em, or ge and uding ti ication,	perly ga those p belief, t ne possi all owr	ther and ersons carue, accarding to the second the seco	d evalua lirectly r urate, a fines an	te the inf esponsib nd compl d impriso	orma le for ete. I nmer
vision in according the informative that there awing violation 270.10(b) and Signature of Printed Name	dance with a on my inquirtion, the info are significants. Note: For 1 270.11).	system de y of the pe rmation su t penalties the RCRA operator o	signed to a serson or person or person or person or submitted is for submitted as a submitted or authorization as to be submitted.	assure that ersons who i, to the bes itting false i is Waste Par red represe	qualified manage t it of my k nformation it A perm	person he syst nowled on, incluit Appli Date Title	nel pro em, or ge and uding th cation, (mm/d	perly ga those p belief, t ne possi all owr	ther and ersons carue, accarding to the second the seco	d evalua lirectly r urate, a fines an	te the inf esponsib nd compl d impriso	orma le for ete. I nmer

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

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. <u>Do not include any information regarding your hazardous waste activities in this section.</u> 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 wi	II begin managing excluded HSM as of	(mm/c	ld/yyyy).	
Facility is	still managing excluded HSM/re-notifyi	ng as required by March	1 of each even-numbered yea	ır.
Facility ha	s stopped managing excluded HSM as o	of(mn	n/dd/yyyy) and is notifying as	required.
quantities, in	n of Excluded HSM Activity. Please list to short tons, to describe your excluded History. Stes). Use additional pages if more space.	SM activity ONLY (do not		17
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	
				2000-00-00-00-00-00-00-00-00-00-00-00-00
	B			

				1				01404 0050 0004 5 04/00/000
EPA ID Number	1					1		OMB# 2050-0024; Expires 04/30/2024

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					
Excess chemical i	nventory removal		☐Accidental spills					
☐Tank cleanouts			☐Production process upsets					
Short-term const	ruction or demolition		Product recalls					
Equipment maint	tenance during plant	shutdowns	"Acts of nature" (Tornado, hurricane, flood, etc.)					
Other			Other					
3. Emergency Cont	act Phone	4. Emergency Co	ntact Name	nga sanak na salah sanak s				
5. Beginning Date		l (mm/dd/yyyy)	6. End Date	(mm/d	d/yyyy)			
Waste 1		namentus de la companya de la compa						
7. Waste Description	on			8. Estimated Quant	ity (in pounds)			
9. Federal and/or s	State Hazardous Was	te Codes						
	T							
L		<u> </u>			1			
Waste 2				T				
7. Waste Description	on			8. Estimated Quant	ity (in pounds)			
9. Federal and/or	State Hazardous Was	te Codes		4.,				
		I	1					
Waste 3	1	1			L			
7. Waste Description	on		graphic and the state of the st	8. Estimated Quant	ity (in nounds)			
7. Waste Description	OII			o, Estimated Quant	acy (iii podilas)			
9. Federal and/or	State Hazardous Was	te Codes	Water last water					
		The second second second						

FDA	ID	Num	hor	

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



ONLY fill out this form if:

VSQG 1		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address	anna againte a tara ann ann ann ann ann ann ann ann ann	
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	- y - y - y - y - y - y - y - y - y - y
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EPA ID Number							OMB# 2050-0024; Expires 04/30/2024

United States Environmental Protection Agency HAZARDOUS WASTE PERMIT PART A FORM



1	Facility	Dannik	Cambook
1	PACIBLY	PPrmir	1 (1111) -11 1

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	/vvvv	١
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4. Other Environmental Permits

A. Permit Type	B. Perr	nit Numbe	C. Des	cription		
			11			
			++			

5.	N	atu	re	of	Bus	iness

		d Desig				В. Р	rocess Des	200					D. Unit Name			
	ne nber	A. Process (ode		mount	(2)	2) Unit of Measure		C. Process Total Number of Units			20		
scriptio	1	azardo			(Ente		or Items 7.	1	and 7	.D(1))		D.	Proces	ses	
Line N			te No.	ius	An Qt	nual y of aste	Measure			(1)	Proces	ss Code	es			2) Process Description ode is not entered in 7.D1
								1								
											-					
								+			-					
proper	ty bou ires, ea l. Inclu	ndaries	: The	ma	n must	show th	e outline o	fthet	acility	the	locati	ion of	eac	h of its	existi	least one mile beyon ng intake and dischar e it injects fluids und for precise require-
All exis		cilities	must	inclu	ıde a so	ale drav	ving of the	facilit	y. See	instr	uctio	ns foi	r mo	re det	ail.	
hotogra	phs															
All existorage detail.	e, trea	icilities tment,	must and c	inclu lispo	ude pho sal are	otograph as; and s	ns (aerial or lites of futu	grou re sto	nd-leve orage, t	el) th reati	at cle nent	arly o	delin	eate a sal are	ll existi as. See	ng structures; existin e instructions for moi
ommen	ts															