

2008 HAZARDOUS WASTE REPORT FORMS

READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORMS

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<p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency</p> <p>RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
<p>1. Reason for Submittal (See instructions on page 9)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)</p> <p><input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report</p>	
<p>2. Site EPA ID Number (page 10)</p>	<p>EPA ID Number <input style="width: 100px;" type="text"/></p>	
<p>3. Site Name (page 10)</p>	<p>Name: <input style="width: 90%;" type="text"/></p>	
<p>4. Site Location Information (page 10)</p>	<p>Street Address: <input style="width: 95%;" type="text"/></p>	
	<p>City, Town, or Village: <input style="width: 70%;" type="text"/> State: <input style="width: 15%;" type="text"/></p>	
	<p>County Name: <input style="width: 70%;" type="text"/> Zip Code: <input style="width: 15%;" type="text"/></p>	
<p>5. Site Land Type (page 10)</p>	<p>Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>6. North American Industry Classification System (NAICS) Code(s) for the site (page 10)</p>	<p>A. <input style="width: 45%;" type="text"/> B. <input style="width: 45%;" type="text"/></p>	
	<p>C. <input style="width: 45%;" type="text"/> D. <input style="width: 45%;" type="text"/></p>	
<p>7. Site Mailing Address (page 11)</p>	<p>Street or P. O. Box: <input style="width: 95%;" type="text"/></p>	
	<p>City, Town, or Village: <input style="width: 95%;" type="text"/></p>	
	<p>State: <input style="width: 15%;" type="text"/></p>	
	<p>Country: <input style="width: 45%;" type="text"/> Zip Code: <input style="width: 15%;" type="text"/></p>	
<p>8. Site Contact Person (page 11)</p>	<p>First Name: <input style="width: 35%;" type="text"/> MI: <input style="width: 10%;" type="text"/> Last Name: <input style="width: 45%;" type="text"/></p>	
	<p>Phone Number: <input style="width: 45%;" type="text"/> Extension: <input style="width: 15%;" type="text"/> Email address: <input style="width: 35%;" type="text"/></p>	
<p>9. Operator and Legal Owner of the Site (pages 11 and 12)</p>	<p>A. Name of Site's Operator: <input style="width: 55%;" type="text"/> Date Became Operator (mm/dd/yyyy): <input style="width: 20%;" type="text"/></p>	
	<p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
	<p>B. Name of Site's Legal Owner: <input style="width: 55%;" type="text"/> Date Became Owner (mm/dd/yyyy): <input style="width: 20%;" type="text"/></p>	
	<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	

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9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y N 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

- Y N d. United States Importer of Hazardous Waste
- Y N e. Mixed Waste (hazardous and radioactive) Generator

Y N 2. Transporter of Hazardous Waste

Y N 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y N 4. Recycler of Hazardous Waste (at your site)

Y N 5. Exempt Boiler and/or Industrial Furnace

- If "Yes", mark each that applies.
- a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, and Refining

Y N 6. Underground Injection Control

B. Universal Waste Activities

Y 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 that apply:

Managed

- a. Batteries
- b. Pesticides
- c. Thermostats
- 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

Mark all boxes that apply.

Y N 1. Used Oil Transporter
If "Yes", mark each that applies.

- a. Transporter
- b. Transfer Facility

Y N 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

- a. Processor
- b. Re-refiner

Y N 3. Off-Specification Used Oil Burner

Y N 4. Used Oil Fuel Marketer

- If "Yes", mark each that applies.
- 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

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11. Description of Hazardous Wastes (See instructions on page 17.)

A. 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.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated 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 for waste codes.

12. Comments (See instructions on page 17.)

13. 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 fine and imprisonment for knowing violations. (See instructions on page 17.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)

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INSTRUCTIONS FOR FILLING OUT FORM OI – OFF-SITE IDENTIFICATION

WHO MUST SUBMIT THIS FORM

Sites required to file the 2008 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State; **AND**
- The site received hazardous waste from off site or sent hazardous waste off site during 2008.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO FILL OUT THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 2008. If these off-site installations and transporters total more than four, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., "Other" responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and box letter to which the comment refers.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 2008. Complete Boxes A through C for each transporter you used during the year (address in Box D is not required for transporters).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID Number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 2008, enter "NA" in Box A and note the reason in the Comments section.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler type

Mark all boxes that apply to the handler type (i.e., generator, transporter, or treatment, storage, or disposal (TSD) facility) of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.