FO The Sta	ND MPLETED RM TO: e Appropriate ate or Regional ice.	United States RCRA SUBTITI					STATE PROTES	ON AGENCY S					
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification for this location)	n (first time su	ubmitting	site identificatio	on information / to ob	tain an EPA ID numb	er					
E	MARK ALL BOX(ES) THAT APPLY	 □ To provide a Subsequent Notifi □ As a component of a First RCR □ As a component of a Revised R □ As a component of the Hazard 	 □ 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 Hazardous Waste Report (If marked, see sub-bullet below) 										
		☐ Site was a TSD facility and >100 kg of acute hazardou LQG regulations)											
2.	Site EPA ID Number	EPA ID Number											
3.	Site Name	Name:											
4.	Site Location	Street Address:											
	Information	City, Town, or Village:	1				County:						
		State:	Country:				Zip Code:						
5.	Site Land Type	☐ Private ☐ County ☐ Distri	State Other										
6.	NAICS Code(s) for the Site	A.			C.								
	(at least 5-digit codes)	В			D.								
7.	Site Mailing	Street or P.O. Box:											
	Address	City, Town, or Village:	T										
		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:						
	of the Site	Owner Type: Private County	District	Fed	eral Triba	al Municipal	State Oth	er					
		Street or P.O. Box:					T						
		City, Town, or Village:	T				Phone:						
		State:	Country:				Zip Code:						
		B. Name of Site's Operator:					Date Became Operator:						
		Operator Private County	District	Fede	eral \square_{Triba}	I Municipal	State Othe	er					

EPA ID Number			OMB#: 2050-0024; Expires 01/31/2017					
10. Type of Regulated Was Mark "Yes" or "No" for		he date submitting the	e form); complete any additional boxes as instructed.					
A. Hazardous Waste Activ	rities; Complete all parts 1-10).						
	r of Hazardous Waste mark only one of the followin	g – a, b, or c.	Y N S. Transporter of Hazardous Waste If "Yes," mark all that apply.					
a. LQG:	Generates, in any calendar (2,200 lbs/mo.) or more of Generates, in any calendar accumulates at any time, n (2.2 lbs/mo) of acute hazar Generates, in any calendar accumulates at any time, n (220 lbs/mo) of acute hazar material.	 a. Transporter b. Transfer Facility (at your site) 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 						
☐ b. SQG:	100 to 1,000 kg/mo (220 – non-acute hazardous wast							
c. CESQG	hazardous waste.		8. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply. a. Small Quantity On-site Burner					
Y N 2. Short-Term event and no	Generator (generate from a soft from on-going processes). In the Comments section.	hort-term or one-time	Exemption b. Smelting, Melting, and Refining Furnace Exemption					
Y N 3. United Star	tes Importer of Hazardous W	aste	Y N 9. Underground Injection Control					
Y N 4. Mixed Was	te (hazardous and radioactiv	e) Generator	Y N 10. Receives Hazardous Waste from Off-site					
B. Universal Waste Activit	ies; Complete all parts 1-2.		C. Used Oil Activities; Complete all parts 1-4.					
accum regulat types o	Quantity Handler of Universa ulate 5,000 kg or more) [refe tions to determine what is re of universal waste managed Il that apply.	r to your State gulated]. Indicate	Y N 1. Used Oil Transporter If "Yes," mark all that apply. a. Transporter b. Transfer Facility (at your site)					
d. Lam e. Othe	cicides cury containing equipment ps er (specify)		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					
	er (specify)		Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply.					
	ation Facility for Universal W A hazardous waste permit may		 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 					

E	PA ID Nui	nber] [OM	B#: 20	50-0024	l; Expires	s 01/31/201	7
D.	Eligible wastes								Notific	catio	on fo	or opt	ing in	to or w	ithdra	wing f	rom m	anagin	g labo	ratory ha	azardous	
		ou can (-															
	•	you are	e at lea	ast on ith a c	e of th	ne folle e or u	owing													mal affilia ation agr	ation eement with	h
	•	you ha	ve che	ecked	with y	our S	state to	dete	rmine	if 40	O CF	R Pa	rt 262	Subpar	t K is e	ffectiv	e in yo	ur state)			
Υ[N																			stes in la	aboratories	
		☐a.	Colle	ge or	Unive	rsity																
		b.	Teach	ning H	ospita	al tha	nt is o	wned	by o	r has	s a f	orma	l writt	en affili	ation	agreer	nent w	ith a c	ollege	or unive	rsity	
		с.	Non-p	orofit l	Institu	ite th	at is c	owned	d by c	or ha	is a	form	al writ	ten affi	liation	agree	ment v	with a	college	or unive	ersity	
Υ[2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories																					
11.	Descrip	tion of	Hazar	dous	Waste	e																
Α.																						
	ориссо	10 1100	<u> </u>																			_
В.	Waste C hazardo spaces a	us wast	es ha																	Regulate		
							_	_		_	_		· <u> </u>									_

EPA ID Nu	mber													OMB#: 2050-0024; Expires 01/31/2017
12. Notific	ation of Haz	ardous	Seco	ndar	y Mate	erial ((HSM)) Act	ivity					
Y N	secondary	/ materi	al und	ler 40	CFR 2	261.2	?(a)(2))(ii), 4	40 CF	FR 26	61.4(a)(2	23), (24)	, or (25	g, or will stop managing hazardous i)? for Managing Hazardous Secondary
-	Material.													
13. Comm	ents													
accorda on my i informa penaltie	ance with a s nquiry of the tion submitte es for submit	person d is, to ting fals	design or per the be e infor	ed to rsons est of rmatic	assure who m my kno on, incl	e that nanag owled luding	t quali ge the dge a g the p	ified personant in inter- ification in income in inter- ification in income in inter- ification in income in income in inter- ification in income	perso tem, elief, ibility	onnel or the true, of fir	properly ose pers accurate nes and	y gather sons dire e, and c impriso	and evectly rescomplete	pared under my direction or supervision in valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant for knowing violations. For the RCRA CFR 270.10(b) and 270.11).
	of legal own representa		rator,	or a	n	Na	ame a	and (Offic	ial Ti	tle (type	e or prii	nt)	Date Signed (mm/dd/yyyy)
				_			_	_	_	_				

EPA ID Number			- 11	I	1								OMB#: 2050-002	1: Expires 01/31/2017
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ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



Addendum Page ____ of____

ONLY fill out this form if:

EPA Form 8700-12, 8700-13 A/B, 8700-23

- 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. Do not include any information regarding your hazardous waste activities in this section.

1.	Indicate reason	for notification. Include dates where re	equested.								
	Facility will b	egin managing excluded HSM as of	(mm/dd/yyyy).								
	Facility is sti	II 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 <u>ONLY</u> (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.										
(an cod Cod	Facility code swer using des listed in the de List section of instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)						
3.		ncial assurance pursuant to 40 CFR 26 lities managing excluded HSM under 40 C		urance is required for recl	aimers and						
Υ[N Does	this facility have financial assurance pursu	uant to 40 CFR 261.4(a)(24)(v	/i)?							

BEFORE OR ENT SITE NA			U.S. ENVIRONMENTAL PROTECTION AGENCY							
EPA ID I		GM FORM	2015 Hazardous Waste Report WASTE GENERATION AND MANAGEMENT							
Sec. 1	A. Waste description:									
B. EPA	hazardous waste code(s) C. State hazardous	Dus waste code(s)								
G	rce code E. Form code F. Quantity gener UOM Density	rated in 2015	G. Waste minimization code							
Sec. 2	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site? Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)									
	ON-SITE PROCESS SYSTEM 1		E PROCESS SYSTEM 2							
	ON-SITE PROCESS SYSTEM 1 Management Quantity treated, disposed, or od code recycled on site in 2015 On-site Management Method of the control of the contro	agement	Quantity treated, disposed, or recycled on site in 2015							
	Management Quantity treated, disposed, or On-site Management	agement	Quantity treated, disposed, or							
Meth	Management Quantity treated, disposed, or on-site Management recycled on site in 2015 Method on the control of	agement ode	Quantity treated, disposed, or							
Meth	Management Quantity treated, disposed, or necycled on site in 2015 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or related Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE) B. EPA ID No. of facility to which waste was shipped On-site Management Method or	agement ode	Quantity treated, disposed, or							
Meth	Management od code recycled on site in 2015 On-site Management nod code recycled on site in 2015 On-site Management Method color of this waste shipped off site in 2015 for treatment, disposal, or respectively. A. Was any of this waste shipped off site in 2015 for treatment, disposal, or respectively. In the property of the property	agement ode ecycling? anagement le shipped to	Quantity treated, disposed, or recycled on site in 2015							
Meth H Sec. 3 Site 1	Management od code recycled on site in 2015 On-site Management nod code recycled on site in 2015 On-site Management Method color of this waste shipped off site in 2015 for treatment, disposal, or respectively. A. Was any of this waste shipped off site in 2015 for treatment, disposal, or respectively. B. EPA ID No. of facility to which waste was shipped Ones of the color of the	agement ode ecycling? anagement le shipped to le shipped	Quantity treated, disposed, or recycled on site in 2015 D. Total quantity shipped in 2015							

BEFORE COPYING FORM, ATTACH SITE I OR ENTER:	IDENTIFICATION LABEL			U.S. ENVIRONMENTAL PROTECTION AGENCY			
SITE NAME:				2015 Hazardous Waste Report			
EPA ID Number			WR FORM	WASTE RECEIVED FROM OFF SITE			
Waste 1 A. Description of hazardous waste	е						
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. O	ff-site handle	er EPA ID number			
E. Quantity received in 2015	F. UOM	G. Fo	rm code	H. Management Method code			
	Densityl □ lbs/gal □ sg	L	W				
Waste 2 A. Description of hazardous was	ete						
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. O	ff-site handle	er EPA ID number			
E. Quantity received in 2015	F. UOM	G. Fo	rm code	H. Management Method code			
	Density	L	w <u> </u>				
Waste 3 A. Description of hazardous was	ste	<u>'</u>		•			
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	In c	Off-site hand	ler EPA ID number			
E. Quantity received in 2015	F. UOM	G. F	orm code	H. Management Method code			
	Density	__\	N				
Comments:				·			

BEFORE COF OR ENTER: SITE NAME:	PYING FORM, ATTACH SITE IDENTIFICATION LABEL		U.S. ENVIRONMENTAL PROTECTION AGENCY				
					2015 Hazardous Waste Report		
EPA ID Numb	er			OI FORM	OFF-SITE IDENTIFICATION		
Site 1	A. EPA ID number of off-site installation or transporter	B. Name	of off-site	installation o	or transporter		
□ Gener □ Trans		D. Address of off-site installation Street City State Zip Zip					
Site 2	A. EPA ID number of off-site installation or transporter	B. Name of off-site installation or transporter					
□ Gener □ Trans _l		D. Address of off-site installation Street City State Zip					
Site 3	A. EPA ID number of off-site installation or transporter	B. Name of off-site installation or transporter					
□ Gener □ Trans		D. Addre Street City State	ess of off-sides	te installatio			
Site 4	A. EPA ID number of off-site installation or transporter	B. Name	of off-site	installation o	or transporter		
□ Gener □ Trans		D. Addre Street City State	ess of off-si	te installatio			
Comments:							