

|   |  |                         |  |                          |
|---|--|-------------------------|--|--------------------------|
| <p><b>MAIL THE COMPLETED FORM TO:</b><br/>Ohio EPA, DHWM,<br/>P.O. Box 1049,<br/>Columbus, OH<br/>43216-1049</p>                                    | <p>Ohio Environmental Protection Agency<br/><b>RCRA SUBTITLE C SITE IDENTIFICATION</b></p>   |                         | <p>For Ohio EPA Use Only</p>                     |                          |
| <p>1. Reason for Submittal</p>  | <p><b>Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input type="checkbox"/> To provide subsequent notification (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 for the year _____.</p> |                         |  |                          |
| <p>2. Site EPA ID No.</p>   | <p><b>EPA ID Number:</b></p>   |                         |  |                          |
| <p>3. Site Name</p>   | <p><b>Name:</b></p>  |                         |  |                          |
| <p>4. Site Location Information</p>   | <p><b>Street Address:</b></p>  |                         |  |                          |
|   | <p><b>City, Town, or Village:</b></p>  | <p><b>State:</b> OH</p> |  |                          |
|   | <p><b>County Name:</b></p>   | <p><b>Zip Code:</b></p> |  |                          |
| <p>5. Site Land Type</p>  | <p><b>Site Land Type:</b> <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 Class. System (NAICS) Code(s) for the Site</p>  | <p><b>A.</b></p>   | <p><b>B.</b></p>        |  |                          |
|   | <p><b>C.</b></p>   | <p><b>D.</b></p>        |  |                          |
| <p>7. Site Contact Person:</p>  | <p><b>First Name:</b></p>  |                         | <p><b>MI:</b></p>                                | <p><b>Last Name:</b></p> |
|   | <p><b>Phone Number:</b></p>  |                         | <p><b>Phone Number Extension:</b></p>            |                          |
|   | <p><b>E-Mail Address:</b></p>  |                         |  |                          |
|   | <p><b>Fax Number:</b></p>  |                         | <p><b>Fax Number Extension:</b></p>              |                          |
|   | <p><b>Street or P.O. Box:</b></p>  |                         |  |                          |
|   | <p><b>City, Town or Village:</b></p>   |                         |  |                          |
|   | <p><b>State:</b></p>   | <p><b>Country:</b></p>  | <p><b>Zip Code:</b></p>                          |                          |
| <p>8. Legal Owner and Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form page.</p> | <p><b>A. Name of Site's Legal Owner:</b></p>   |                         | <p><b>Date Became Owner (mm/dd/yyyy):</b></p>    |                          |
|   | <p><b>Owner Type:</b> <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>Street or P.O. Box:</b></p>  |                         |  |                          |
|   | <p><b>City, Town, or Village:</b></p>  |                         | <p><b>Owner Phone #:</b></p>                     |                          |
|   | <p><b>State:</b></p>   |                         | <p><b>Country:</b></p>                           | <p><b>Zip Code:</b></p>  |
|   | <p><b>B. Name of Site's Operator:</b></p>  |                         | <p><b>Date Became Operator (mm/dd/yyyy):</b></p> |                          |
|   | <p><b>Operator Type:</b> <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>Street or P.O. Box:</b></p>  |                         |  |                          |
|   | <p><b>City, Town, or Village:</b></p>  |                         | <p><b>Operator Phone #:</b></p>                  |                          |
|   | <p><b>State:</b></p>   | <p><b>Country:</b></p>  | <p><b>Zip Code:</b></p>                          |                          |

9. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes.)

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**

(choose only one of the following three categories)

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

**In addition, indicate other generator activities (check all that apply)**

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

**2. Hazardous Waste Report Generator Status**

(choose one if a Reason for Submittal is the Hazardous Waste Report)

- a. **Large Quantity Generator (LQG):**  
Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste was generated at the site in any one month. or
- b. **Small Quantity Generator (SQG)**  
In one or more months the site generated greater than 100kg (220 lbs) but in no month did it generate more than 1,000 kg/mo (220-2,200 lbs) of non-acute hazardous waste, or
- c. **Conditionally Exempt Small Quantity Generator (CESQG):**  
The site generated no more than 100 kg (220 lbs) of non-acute hazardous waste in any one month.
- d. **Non-Generator**  
The site did not generate any hazardous waste during the calendar year.

**B. Universal Waste Activities**

**1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more). Indicate the types of universal waste managed at your site. Check all boxes that apply:**

- |                                 |                          |
|---------------------------------|--------------------------|
|                                 | <u>Managed</u>           |
| 1. Batteries                    | <input type="checkbox"/> |
| 2. Pesticides                   | <input type="checkbox"/> |
| 3. Mercury containing equipment | <input type="checkbox"/> |
| 4. Lamps                        | <input type="checkbox"/> |

**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit is required if you treat or dispose of universal wastes; a permit may be required if you recycle universal wastes.

**For Items 3 through 7, check all that apply:**

- 3. Transporter of Hazardous Waste**
- 4. Treater, Storer or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.
- 5. Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
- 6. Exempt Boiler and/or Industrial Furnace**
  - a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, Refining Furnace Exemption
- 7. Underground Injection Control**

**C. Used Oil Activities**

**1. Used Oil Transporter**  
Indicate Type(s) of Activity(ies)

- a. Transporter
- b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner**  
Indicate Type(s) of Activity(ies)

- a. Processor
- b. Re-refiner

**3. Off-Specification Used Oil Burner**

**4. Used Oil Fuel Marketer -**  
Indicate Type(s) of Activity(ies)

- 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

