


<b>MAIL THE COMPLETED FORM TO:</b> Ohio EPA, DERR P.O. Box 1049 Columbus, OH 43216-1049	 <b>RCRA SUBTITLE C          SITE IDENTIFICATION FORM</b>	For Ohio EPA Use Only
<b>1. Reason for Submittal</b>	<b>Reason for Submittal:</b> <input type="checkbox"/> Obtaining or updating an EPA ID number for regulated activity <input type="checkbox"/> As a component of the Hazardous Waste Report for the year ____ <input type="checkbox"/> Notifying that regulated activity is no longer occurring at this site <input type="checkbox"/> As a component of a First or Revised RCRA Hazardous Waste Part A Permit Application	
<b>2. Site EPA ID Number</b>		
<b>3. Site Name</b>		
<b>4. Site Location Information</b>	Street Address: City, Town, or Village: _____ County: _____ State: _____ Country: _____ Zip: _____	
<b>5. 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	
<b>6. <a href="#">North American Industry Classification System (NAICS)</a></b>	A. (Primary)	B.
	C.	D.
<b>7. Site Contact Person:</b>	First Name:	MI:
	Last Name:	
	Title:	
	Street or P.O. Box:	
	City, Town or Village:	
	State:	Country:
	Zip Code:	
	E-mail:	
	Phone & Ext.:	Fax:
<b>8. Legal Owner and Operator of the Site</b>  Additional Owners and/or Operators should be listed in the Comment Section or on another copy of this form page.	Name of Site's Legal Owner: _____ Date Became Owner (mm/dd/yyyy): _____	
	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	
	Street or P.O. Box:	City:
	State:	Country:
	Zip Code:	
	Email:	Phone:
	Name of Site's Operator: _____ Date Became Operator (mm/dd/yyyy): _____	
	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	
	Street or P.O. Box:	City:
	State:	Country:
	Zip Code:	
	Email:	Phone:

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

**A. Hazardous Waste Activities:**

**1. Generator of Hazardous Waste**  
(choose only one of the following three categories or leave blank if not a Generator)

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. Temporary Generator (generate from a one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments.

e. Episodic Generator (a CESQG or SQG with an episodic event of limited duration that has put the site into a higher generator category)

**2. Hazardous Waste Report Generator Status**  
(choose one only if the Reason for Submittal is the Hazardous Waste Report)

a. **Large Quantity Generator (LQG):**  
Greater than 1,000 kg (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 100 kg (220 lbs.) but in no month, did it generate more than 1,000 kg (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; or

d. **Non-Generator:**  
The site did not generate any hazardous waste during the calendar year.

**3. Transporter of Hazardous Waste**

a. Transporter

b. Transfer Facility (at your site)

**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.

a. Recycler who stores prior to recycling

b. Recycler who does not store prior to recycling

c. 72-hour Recycler

**6. Exempt Boiler and/or Industrial Furnace**

a. Small Quantity On-site Burner Exemption

b. Smelting, Melting and Refining Furnace Exemption

**7. Underground Injection Control**

**8. Receives Hazardous Waste from Off-site**

**9. United States Importer of Hazardous Waste**

**10. Recognized Trader**

a. Importer

b. Exporter

**11. Spent Lead Acid Battery**

a. Importer

b. Exporter

**12. Electronic Manifest Broker**

**B. Universal Waste Activities**

**1. Handler of Universal Waste**  
(choose only one of the following or leave blank if not a Handler of Universal Waste)

a. **Small Quantity Handler of Universal Waste (SQHUW):**  
Accumulates less than 5,000 kg

b. **Large Quantity Handler of Universal Waste (LQHUW):**  
Accumulates 5,000 kg or more

Managed

Batteries

Pesticides

Mercury Containing Equipment

Lamps

Aerosol Cans

Antifreeze

Paint / Paint Related

**2. Destination Facility for Universal Waste**  
Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities:**

**1. Used Oil Transporter**

a. Transporter

b. Transfer Facility (at your site)

**2. Used Oil Processor and/or Re-refiner**

a. Processor

b. Re-refiner

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

**4. Used Oil Fuel Marketer**

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

**D. Eligible Academic Entities with Laboratories** – Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to OAC rules 3745-52-200 through 3745-52-216

- 1. Opting into or currently operating under OAC rules 3745-52-200 through 3745-52-216 for the management of hazardous wastes in laboratories. Mark all that apply:
  - a. College or University
  - b. Teaching hospital that is owned by or has a formal written affiliation agreement with a college or university
  - c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- 2. Withdrawing from OAC rules 3745-52-200 through 3745-52-216 for the management of hazardous waste in laboratories

**10. Waste codes for Federally Regulated Hazardous Wastes.** Please list the codes for the federally regulated hazardous waste 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 space is needed.


**11. Comments**

**12. 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 person who manage the system, or those persons directly responsible for gathering the information, the information is 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.

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