

<p align="center"><b>MAIL THE COMPLETED FORM TO:</b> Ohio EPA, DMWM, P.O. Box 1049, Columbus, OH 43216-1049</p>	<p align="center"><b>Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION</b></p>		<p align="center">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> _____ <b>County:</b> _____</p> <p><b>State:</b> _____ <b>Country:</b> _____ <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>A. (Primary)</p>	<p>B.</p>	<p>C.</p>	<p>D.</p>
<p>7. Site Contact Person:</p>	<p><b>First Name:</b> _____ <b>MI:</b> _____ <b>Last Name:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Street or P.O. Box:</b> _____</p> <p><b>City, Town or Village:</b> _____</p> <p><b>State:</b> _____ <b>Country:</b> _____ <b>Zip Code:</b> _____</p> <p><b>E-mail:</b> _____</p> <p><b>Phone &amp; Ext.:</b> _____ <b>Fax:</b> _____</p>			
<p>8. Legal Owner and Operator of the Site</p> <p>Additional Owners and/or Operators should be listed 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>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>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**

For Items 3 through 7, check all that apply:

**1. Generator of Hazardous Waste**

(choose only one of the following three categories or leave blank if not applicable)

- 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. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.
- e. United States Importer of Hazardous Waste
- f. 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.

**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. 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**

**B. Universal Waste Activities**

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

- |                                 |                          |
|---------------------------------|--------------------------|
|                                 | <u>Managed</u>           |
| a. Batteries                    | <input type="checkbox"/> |
| b. Pesticides                   | <input type="checkbox"/> |
| c. Mercury Containing Equipment | <input type="checkbox"/> |
| d. Lamps                        | <input type="checkbox"/> |

**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**  
Indicate Type(s) of Activity(ies)

- a. Transporter
- b. Transfer Facility (at your site)

**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

