Send Completed Form to: NYSDEC 625 B'way Albany, NY 12233-7252	New York State Department of Environmental Conservation Site Identification Form 2012						
1. Site EPA ID Number	EPA ID Number						
2. Site Name	Name: Toni's Tavern						
3.Site Location Information	Street Address: 1 Main Street						
	City, Town, Village: Anywhere			County Code: NY001			
	State: NY			Zip Code: 12205			
4. Site Land Type	X Private \square County \square District \square Federal \square Tribal \square Municipal \square State					e	
5. NAICS Code for the Site: (enter at least a 5 digit code)	A. L ⁸ _1_1_1_2_1_		В. — — — — — — — — — — — — — — — — — — —				
	c		D				
6. Site Mailing Address	Street or P.O. Box: P O Box 123						
	City, Town, Village: Albany						
	State: NY	Country: I	us		Zip Code: 12207		
7.Site Contact - Person -	First Name: Toni	MI:	Last: Smith				
	Title: Owner						
	Street or P.O. Box: P O Box 123						
	City, Town, Village: Albany						
	State: NY	Country: I	US		Zip Code: 12207		
	Email: adnorfle@email.com						
	Phone: 518-123-4567		Ext:		Fax:		
8. Legal Owner of the Site	A. Name of Site's Legal Owner: Toni's Tavern				Date Became Owner: 01/02/19	 51	
	X Private County District Federal Tribal Municipal State						
	Street or P.O. Box: P O Box 123						
	City, Town, Village: Albany				Phone: 518-123-4567		
	State: NY	Country: U	: US		Zip Code: 12207		
9. Legal Operator of	B. Name of Site's Operator Toni Smith				Date Became Operator: 01/02/	1951	
the Site	X Private County District Federal Tribal Municipal State						

10. Type of Regulated Waste Activity Mark "Y" or "N" for all current activities (as of the date submitting this form); complete any additional boxes as instructed.								
A. Current Hazardous Waste Activities; Complete all parts 1 -7.								
Y X N . 1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c.	Y N X 2. Transporter of Hazardous Waste If "Yes", mark all that apply. a. Transporter							
Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.	b. Transfer Facility (at your site) Y N X 3. Treater, Storer, or Disposer of Hazardous Waste Note: a hazardous waste permit is required for these activities.							
b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.	Y X N . 4. Recycler of Hazardous Waste							
c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.	Y N X 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply							
Y N X d. United States Importer of Hazardous Waste	a. Small Quantity On-site Burner Exemption							
Y	b. Smelting, Melting, and Refining Furnace Exemption							
	Y N X 6. Underground Injection Control Y N X 7. Receives Hazardous Waste from Off-site							
B. Universal Waste Activities; Complete all parts 1 - 2	C. Used Oil Activities; Complete all parts 1 -4							
Y N X 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) Indicate types of universal waste managed at your site. If "Yes", mark all that apply.	Y N X 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)							
a. Batteries	Y N X 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.							
□ b. Pesticides	☐ a. Processor							
C. Mercury containing equipment	b. Re-refiner							
d. Lamps	Y I N X 3. Off-Specification Used Oil Burner							
Y N X 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	Y N X 4. Used Oil Fuel Marketer If "Yes", mark all that apply. 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							

11. Comments: YOU MAY PLACE ANY COMMENTS YOU WISH IN THIS SPACE THAT WOULD BETTER EXPLAIN ANY PART OF THIS REPORT				
accordance with a system designed to assure that qua the person or persons who manage the system, or tho	his document and all attachments were prepared under alified personnel properly gather and evaluate the inform se persons directly responsible for gathering the information complete. I am aware that there are significant penalties plations.	ation submitted. Based on my inquiry of ation, the information submitted is, to the		
Signature of legal owner, operator, or an authorized representative	Name and Official Title (please print)	Date Signed (mm/dd/yyyy)		
	Toni Smith Owner	01/31/2013		