

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 <u> N </u> <u> Y </u> <u> D </u> <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> <u> 6 </u> <u> 7 </u> <u> 8 </u> <u> 9 </u>
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2. Site Name	Name: Toni's Tavern
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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	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State
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5. NAICS Code for the Site: (enter at least a 5 digit code)	A. <u> 8 </u> <u> 1 </u> <u> 1 </u> <u> 1 </u> <u> 2 </u> <u> 1 </u>	B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

6. Site Mailing Address	Street or P.O. Box: P O Box 123	
	City, Town, Village: Albany	
	State: NY	Country: US

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: 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: 01/02/1951
	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State		
	Street or P.O. Box: P O Box 123		
	City, Town, Village: Albany		Phone: 518-123-4567
	State: NY	Country: US	Zip Code: 12207

9. Legal Operator of the Site	B. Name of Site's Operator Toni Smith		Date Became Operator: 01/02/1951
	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> 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 N **1. Generator of Hazardous Waste**
If "Yes", mark only one of the following – a, b, or c.

a. LQG: 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. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

Y N d. United States Importer of Hazardous Waste

Y N e. Mixed Waste (hazardous and radioactive) Generator

Y N **2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

a. Transporter

b. Transfer Facility (at your site)

Y N **3. Treater, Storer, or Disposer of Hazardous Waste** Note: a hazardous waste permit is required for these activities.

Y N **4. Recycler of Hazardous Waste**

Y N **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply

a. Small Quantity On-site Burner Exemption

b. Smelting, Melting, and Refining Furnace Exemption

Y N **6. Underground Injection Control**

Y N **7. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1 - 2

Y N **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.**

a. Batteries

b. Pesticides

c. Mercury containing equipment

d. Lamps

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

C. Used Oil Activities; Complete all parts 1 -4

Y N **1. Used Oil Transporter**
If "Yes", mark all that apply.

a. Transporter

b. Transfer Facility (at your site)

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**

Y N **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

