

# Dangerous Waste Site Identification Form

## Site ID



Washington State Department of Ecology  
Hazardous Waste Information  
P.O. Box 47658  
Olympia, WA 98504-7658  
(800) 874-2022 (within state)  
(360) 407-6170

Web site: [www.ecy.wa.gov/programs/hwtr](http://www.ecy.wa.gov/programs/hwtr)

For Ecology Use Only		Date Received:	
Form	Reviewed	Entered	Verified
Site ID			

### 1. Reason for Submittal

To provide **New** Notification of Regulated Waste Activity (complete entire form)

To **Reactivate** Site Identification Number (complete entire form)

Effective  
Date:

(mm/dd/yyyy)

### 2. RCRA Site ID Number:

### 3. Site Location Information

Company Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

WA State UBI Number: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

### 4. Company Mailing Address

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

### 5. Legal Owner

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number (Ext): Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Owner Since: \_\_\_\_\_

Owner Type:  Federal  State  County  Municipal  District  Private  Tribal  Other

### 6. Land Owner

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number (Ext): Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Owner Since: \_\_\_\_\_

Owner Type:  Federal  State  County  Municipal  District  Private  Tribal Land  Puyallup Trust  Other

*To ask about available formats for the visually impaired call 360-407-6700. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

# Dangerous Waste Site Identification Form (continued)

**Site ID**

RCRA Site ID Number: \_\_\_\_\_

**7. Site Operator**

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number (Ext): Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Operator Since: \_\_\_\_\_

Operator Type:  Federal  State  County  Municipal  District  Private  Tribal  Other**8. Site Contact**

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number (Ext): Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**9. Form Contact**

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number (Ext): Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**10. Type of Regulated Waste Activity (Only check the boxes for activities that apply to your site)****A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(Choose only one of the following four categories)

- a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo)  
 b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo)  
 c. SQG: Small Quantity Generator (Less than 220 lbs/mo)  
 d. XQG: No Regulated Waste Generated

**2. Frequency of Generation**

(Choose only one of the following three types)

- a. Monthly  
 b. Batch  
 c. One-time only (You must choose either Spills or Cleanup)  
 1. Spills  
 2. Cleanup

**3. Transporter of Hazardous Waste**

- a. Transport own waste  
 b. Transport for commercial purposes

 **4. Recycler of On-Site Waste**

(i.e., on-site use, reuse or reclamation of a waste after it has been generated)

 **5. Transfer Facility of Hazardous Waste** **6. Permit by Rule (PBR)** **7. Treatment by Generator (TBG)** **8. Generator of Mixed Radioactive Waste** **9. Importer of Hazardous Waste** **10. Dangerous Waste Permitted Facility – also called a Treatment, Storage, or Disposal (TSD) Facility.** (Requires an Ecology Part A or Part B permit for dangerous waste management). **Note:** On-site accumulation of waste by a generator does not usually require a permit for storage. **11. Recycler of Dangerous Waste Received from Off-Site** (Regulated under the State Dangerous Waste Regulations WAC 173-303-120.)**12. Dangerous Waste Fuel Activity**

- a. Generator of dangerous waste fuel  
 b. Generator marketing to burner  
 c. Other marketers (i.e., blender, distributor, etc.)  
d. Burner (indicate type of combustion unit)  
 1. Utility boiler  
 2. Industrial boiler  
 3. Industrial furnace  
e. Deferrals/Exemptions (in federal registry only)  
 1. Smelter deferral  
 2. Small quantity exemption  
 3. Other (specify): \_\_\_\_\_

 **13. Generator of Special Waste**

(Regulated under the State Dangerous Waste Regulations WAC 173-303-073.)

# Dangerous Waste Site Identification Form (continued)

**Site ID**

RCRA Site ID Number: \_\_\_\_\_

**B. Universal Waste Activities- [add explanation]**

**1. Large Quantity Handler of Universal Waste** - accumulates 11,000 pounds or more total of universal waste (batteries, thermostats, and lamps calculated collectively) and/or accumulates more than 2,200 pounds of universal waste lamps at any time.

**(Mark all boxes that apply)**

- |   | Accumulate               |
|---|--------------------------|
| a. Batteries  | <input type="checkbox"/> |
| b. Mercury Containing Equipment including thermostats | <input type="checkbox"/> |
| c. Lamps  | <input type="checkbox"/> |

**2. Destination Facility for Universal Waste**

(Note: Please check this box if you either store waste from off-site sources prior to recycling or if you recycle waste from off-site sources without first storing the waste.)

**C. Used Oil Activities**

**1. Off-specification Used Oil Burner** Indicate type(s) of combustion devices

- 1. Utility boiler
- 2. Industrial boiler
- 3. Industrial furnace

**2. Used Oil transporter** Indicate type(s) of activity(s)

- a. Transporter
- b. Transfer facility

**3. Used Oil Processor/Re-refiner** Indicate type(s) of activity(s)

- a. Processor
- b. Re-refiner

**4. Used Oil Fuel Marketer**

- a. Directs shipment of used oil to used oil burner
- b. First claims the used oil meets the specifications

**D. Eligible Academic Entities with Laboratories** – Notification to participate in or withdraw from the State Academic Laboratory Rule (Subpart K) for managing laboratory dangerous waste under WAC173-303-235.

1.  Yes, I am managing dangerous wastes under this rule. **(Mark all that apply)**
- a. College or University
  - b. Teaching hospital that is owned by (or has a formal written agreement with) a College or University
  - c. Non-profit institute that is owned by (or has a formal written agreement with) a College or University
2.  Yes, I wish to withdraw from this rule. (If you were managing dangerous wastes under the State Academic Laboratory Rule and you no longer wish to participate, select withdraw.)

**11. Description of Hazardous Wastes** Additional codes may be added to comments if needed.

**A. Waste Codes for Federally Regulated Hazardous Wastes:** Identify those codes that best describe your waste. (e.g., D001 – Ignitable, D002 – Corrosive, D003 – Reactive, etc.). These codes may be found on your Uniform Hazardous Waste Manifest in box 13 or by calling your Designated Facility.

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**B. Waste Codes for State Regulated (i.e., non-Federal) Hazardous Wastes:** Identify those codes that best describe your waste. (e.g., WT02 – Toxic, WP02 – Persistent, WSC2 – Solid Corrosive, etc.) These codes may be found on your Uniform Hazardous Waste Manifest in box 13 or by calling your Designated Facility.

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**12. Comments** Additional sheets may be attached for comments if needed.

**13. Certification** This form cannot be processed without a signature

*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 persons who manage the system, or those persons directly responsible for gathering the information, the information 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 \_\_\_\_\_

Date: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

Title: \_\_\_\_\_