New York State Department of Environmental Conservation Hazardous Waste Report Site Identification Form Calendar Year Being Reported - 2012



1. Site EPA ID Number	EPA ID Number					
2. Site Name	Name:					
3.Site Location Information	Street Address:					
	City, Town, Village:		ity Code:			
	State:		Zip C	ode:		
4. Site Land Type	☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State					
5. NAICS Codes for the Site: (enter at least a 5 digit code)	A B					
	C D					
6. Site Mailing Address	Street or P.O. Box:					
	City, Town, Village:					
	State:	Country:		Zip Code:		
7.Site	First Name:	MI:	Last:			
Contact - Person	Title:					
	Street or P.O. Box:					
	City, Town, Village:					
	State:	Country:		Zip Code:		
	Email:					
	Phone:		Ext:	Fax:		
8. Legal Owner of the Site	Name of Site's Legal Owner:			Date Became Owner:		
	☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State					
	Street or P.O. Box:					
	City, Town, Village:			Phone:		
	State:	Country:		Zip Code:		
9. Legal Operator of the Site	Name of Site's Operator Date Became Operator:					
	☐ Private ☐ County ☐ Di	istrict	ederal 🛘 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	Y N 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)	b. Transfer Facility (at your site) Y N 3. Treater, Storer, or Disposer of Hazardous Waste Note: a hazardous					
of acute hazardous spill cleanup material.	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 N A. Recycler of Hazardous Waste					
c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.	Y N 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply					
Y	a. Small Quantity On-site Burner Exemption					
Y	b. Smelting, Melting, and 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	C. Hand Oil Antivition Complete all marts 4.4					
B. Chiversal Waste Activities, Complete all parts 1 - 2	C. Used Oil Activities; Complete all parts 1 -4 Y					
Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more of any universal	If "Yes", mark all that apply.					
wastes at any time) Indicate types of universal waste managed at your site. If	a. Transporter					
"Yes". mark all that apply.	b. Transfer Facility (at your site)					
a. Batteries	Y N 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 N 3. Off-Specification Used Oil Burner					
Y N 2. Destination Facility for Universal Waste	Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.					
Note: A hazardous waste permit may be required for this activity.	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				
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 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.					
Signa their a	ture of legal owner, operator, or authorized representative	Name and Official Title (please print)	Date Signed (mm/dd/yyyy)		