

EPA ID Number

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

8. Site Contact Information

Same as Location Address

| | | |
|------------------------|---------|-----------|
| First Name | MI | Last Name |
| Title | | |
| Street Address | | |
| City, Town, or Village | | |
| State | Country | Zip Code |
| Email | | |
| Phone | Ext | Fax |

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

| | |
|--|--------------------------------|
| Full Name | Date Became Owner (mm/dd/yyyy) |
| Owner Type <input 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 <input type="checkbox"/> Other | |
| Street Address | |
| City, Town, or Village | |
| State | Country |
| Zip Code | |
| Email | |
| Phone | Ext |
| Fax | |
| Comments | |

B. Name of Site's Legal Operator

Same as Location Address

| | |
|---|-----------------------------------|
| Full Name | Date Became Operator (mm/dd/yyyy) |
| Operator Type <input 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 <input type="checkbox"/> Other | |
| Street Address | |
| City, Town, or Village | |
| State | Country |
| Zip Code | |
| Email | |
| Phone | Ext |
| Fax | |
| Comments | |

EPA ID Number

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

16. Notification of Hazardous Secondary Material (HSM) Activity

| | |
|---|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material. |
|---|---|

17. Electronic Manifest Broker

| | |
|---|--|
| <input type="checkbox"/> Y <input type="checkbox"/> N | Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator? |
|---|--|

18. Comments (include item number for each comment)

19. 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

| | |
|---|-------------------|
| Signature of legal owner, operator or authorized representative | Date (mm/dd/yyyy) |
| Printed Name (First, Middle Initial Last) | Title |
| Email | |

| | |
|---|-------------------|
| Signature of legal owner, operator or authorized representative | Date (mm/dd/yyyy) |
| Printed Name (First, Middle Initial Last) | Title |
| Email | |

EPA ID Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**ADDENDUM TO THE SITE IDENTIFICATION FORM:
LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE**

**ONLY fill out this form if:**

- You are an LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

| VSQG 1 | | |
|--------------------------------|-----------------|-------------|
| 1. EPA ID Number (if assigned) | 2. Name | |
| 3. Street Address | | |
| 4. City, Town, or Village | 5. State | 6. Zip Code |
| 7. Contact Phone Number | 8. Contact Name | |
| 9. Email | | |

| VSQG 2 | | |
|--------------------------------|-----------------|-------------|
| 1. EPA ID Number (if assigned) | 2. Name | |
| 3. Street Address | | |
| 4. City, Town, or Village | 5. State | 6. Zip Code |
| 7. Contact Phone Number | 8. Contact Name | |
| 9. Email | | |

| VSQG 3 | | |
|--------------------------------|-----------------|-------------|
| 1. EPA ID Number (if assigned) | 2. Name | |
| 3. Street Address | | |
| 4. City, Town, or Village | 5. State | 6. Zip Code |
| 7. Contact Phone Number | 8. Contact Name | |
| 9. Email | | |

EPA ID Number

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT _____ (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

| | | | | | | |
|----------------------------------|----------------------------|---------|--|--|--|--|
| A. Waste Description | | | | | | |
| B. EPA Hazardous Waste Code(s) | | | | | | |
| | | | | | | |
| C. State Hazardous Waste Code(s) | | | | | | |
| D. Source Code | Management Method (G25) | | | Country Code (G62) | | |
| E. Form Code | F. Waste Minimization Code | | | G. Radioactive Mixed <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| H. Quantity | UOM | Density | | | <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg | |

2. On-site Generation and Management of Hazardous Waste

| | | |
|---|---|----------|
| <input type="checkbox"/> Y <input type="checkbox"/> N | Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1. | |
| Process System 1 | Management Method Code | Quantity |
| Process System 2 | Management Method Code | Quantity |

3. Off-site Shipment of Hazardous Waste

| | | |
|---|--|---------------------------|
| <input type="checkbox"/> Y <input type="checkbox"/> N | A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1. | |
| Site 1 | | |
| B. EPA ID of facility to which waste was shipped | C. Management Method Code | D. Total Quantity Shipped |
| | | |
| Site 2 | | |
| B. EPA ID of facility to which waste was shipped | C. Management Method Code | D. Total Quantity Shipped |
| | | |
| Site 3 | | |
| B. EPA ID of facility to which waste was shipped | C. Management Method Code | D. Total Quantity Shipped |
| | | |

4. Comments

| |
|--|
| |
|--|

EPA ID Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT _____ (reporting year)
 WASTE RECEIVED FROM OFF-SITE (WR) FORM



1. Waste 1

| | | | | | | |
|----------------------------------|-----|--|--------------|--|--------------------|--|
| A. Waste Description | | | | | | |
| B. EPA Hazardous Waste Code(s) | | | | | | |
| | | | | | | |
| C. State Hazardous Waste Code(s) | | | | | | |
| D. EPA ID Number | | | E. Form Code | | F. Management Code | |
| G. Quantity | UOM | | Density | | | <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg |

2. Waste 2

| | | | | | | |
|----------------------------------|-----|--|--------------|--|--------------------|--|
| A. Waste Description | | | | | | |
| B. EPA Hazardous Waste Code(s) | | | | | | |
| | | | | | | |
| C. State Hazardous Waste Code(s) | | | | | | |
| D. EPA ID Number | | | E. Form Code | | F. Management Code | |
| G. Quantity | UOM | | Density | | | <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg |

3. Waste 3

| | | | | | | |
|----------------------------------|-----|--|--------------|--|--------------------|--|
| A. Waste Description | | | | | | |
| B. EPA Hazardous Waste Code(s) | | | | | | |
| | | | | | | |
| C. State Hazardous Waste Code(s) | | | | | | |
| D. EPA ID Number | | | E. Form Code | | F. Management Code | |
| G. Quantity | UOM | | Density | | | <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg |

4. Comments

| |
|--|
| |
|--|

EPA ID Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM



1. Site 1

| | | |
|---|----------|---------|
| A. EPA ID Number of Off-site Installation or Transporter | | |
| B. Name of Off-site Installation or Transporter | | |
| C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility | | |
| D. Address of Off-site Installation | | |
| Street Address | | |
| City, Town, or Village | | |
| State | Zip Code | Country |

2. Site 2

| | | |
|---|----------|---------|
| A. EPA ID Number of Off-site Installation or Transporter | | |
| B. Name of Off-site Installation or Transporter | | |
| C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility | | |
| D. Address of Off-site Installation | | |
| Street Address | | |
| City, Town, or Village | | |
| State | Zip Code | Country |

3. Site 3

| | | |
|---|----------|---------|
| A. EPA ID Number of Off-site Installation or Transporter | | |
| B. Name of Off-site Installation or Transporter | | |
| C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility | | |
| D. Address of Off-site Installation | | |
| Street Address | | |
| City, Town, or Village | | |
| State | Zip Code | Country |

4. Comments

| |
|--|
| |
|--|