

Send Completed Form to: NYSDEC 625 B'way Albany, NY 12233-7252	<b>New York State Department of          Environmental Conservation          Site Identification Form          2012</b>		
<b>1. Site EPA ID Number</b>	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>		
<b>2. Site Name</b>	Name:    Toni's Tavern		
<b>3. Site Location Information</b>	Street Address:    1 Main Street		
	City, Town, Village:    Anywhere	County Code:    NY001	
	State:    NY	Zip Code:    12205	
<b>4. Site Land Type</b>	<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		
<b>5. NAICS Code for the Site: (enter at least a 5 digit code)</b>	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>	
<b>6. Site Mailing Address</b>	Street or P.O. Box:    P O Box 123		
	City, Town, Village:    Albany		
	State:    NY	Country:    US	Zip Code:    12207
<b>7. Site Contact Person</b>	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:
<b>8. Legal Owner of the Site</b>	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
<b>9. Legal Operator of the Site</b>	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

