

**MAIL COMPLETED
FORM TO:**

NYSDEC
625 BROADWAY
ALBANY, NY 12233-7252

**NEW YORK STATE DEPARTMENT OF
ENVIRONMENTAL CONSERVATION**

**SITE IDENTIFICATION FORM
2009**



2. Site EPA ID Number (See page 8)		EPA ID Number [N Y D 1 2 3 4 5 6 7 8 9]		
3. Site Name (See page 8)		Name: Ernie's Auto Repair		
4. Site Location Information (See page 8)		Street Address: 1 Main Street		
		City, Town, or Village: Anywhere	State: NY	
		County Name: Albany	Zip Code: 12205	
5. Site Land Type (See page 8)		Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See page 8)		A. 811121	B.	
		C.	D.	
7. Site Mailing Address (See page 8)		Street or P. O. Box: P O Box 123		
		City, Town, or Village: Albany		
		State: NY	Zip Code: 12207	
		COUNTRY(ie;USA): USA		
8. Site Contact Person (See page 8)		First Name: Ernie	MI:	Last Name: Robbins
		Phone Number: (518) 402-8730		Ext:
9. Operator and Legal Owner of the Site (See pages 9)		A. Name of Site's Operator: Ernie's Auto		Date Became Operator (mm/dd/yyyy): 01 / 12 / 1951
		Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State		

9. Operator and Legal Owner of the Site -con't (See pages 9)	B. Name of Site's Legal Owner: Ernie's Auto Inc	Date Became Owner (mm/dd/yyyy): 01/ 12 /1950
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State	
	Street or P O Box: P O Box 1	
	City: Albany	State:
	COUNTRY(ie;USA): USA	Zip Code: 12207

10. Type of Regulated Waste Activity
Mark Yes or No for all activities; complete any additional boxes as instructed. (See instructions on pages 9 -12.)

A. Hazardous Waste Activities in 2010
Complete all parts for 1 through 6.

- | | |
|--|--|
| <p>Y X N <input type="checkbox"/> 1. Generator of Hazardous Waste
If Yes, choose only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> N X d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> N X e. Mixed Waste (hazardous and radioactive) Generator</p> | <p>Y <input type="checkbox"/> N X 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> N X 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p>Y X N <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> N X 5. Exempt Boiler and/or Industrial Furnace
If Yes, mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N X 6. Underground Injection Control</p> |
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B. Universal Waste Activities

Y N X 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If Yes, mark all boxes that apply:

- | | |
|---------------------------------|--------------------------|
| | <u>Manage</u> |
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury Containing Equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |

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

C. Used Oil Activities

Mark all boxes that apply.

- Y N X 1. Used Oil Transporter**
If Yes, mark each that applies.
- a. Transporter
- b. Transfer Facility
- Y N X 2. Used Oil Processor and/or Re-refiner**
If Yes, mark each that applies.
- a. Processor
- b. Re-refiner
- Y N X 3. Off-Specification Used Oil Burner**
- Y N X 4. Used Oil Fuel Marketer**
If Yes, mark each that applies.
- 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 (See instructions on page 12)
Box 8 Ejobbin@gw.dec.state.ny.us

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.
(See instructions on page 12)

SIGNATURE of owner, operator, or an authorized representative	Name(type or print)	Official Title	Date Signed (mm/dd/yyyy)
	Ernie Robbins	Owner	01/ 22 /2010