

**New York State Department of Environmental Conservation
Hazardous Waste Report
Site Identification Form
Calendar Year Being Reported - 2014**

1. Site EPA ID Number	EPA ID Number <u> N Y </u> _____		
2. Site Name	Name: _____		
3. Site Location Information	Street Address: _____		
	City, Town, Village: _____		County Code: _____
	State: _____		Zip Code: _____
4. Site Land 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		
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 Contact Person	First Name: _____	MI: _____	Last: _____
	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: _____
	<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		
	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: _____
	<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		

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 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 of any universal wastes at any time) 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

