


MAIL THE COMPLETED FORM TO: Ohio EPA, DERR PO BOX 1049 Columbus, OH 43216-1049	<div style="display: flex; justify-content: space-between; align-items: center;">  <div style="text-align: center;"> Environmental Protection Agency </div> <div style="text-align: center;"> RCRA SUBTITLE C SITE IDENTIFICATION FORM (EPA 9029) </div> </div>		
1. Reason for Submittal- Select One	<input type="checkbox"/> Notifying to obtain or update an EPA ID number for regulated activity <input type="checkbox"/> Notifying as a component of the Biennial Hazardous Waste Report for the year _____ <input type="checkbox"/> Notifying that regulated activity is no longer occurring at this site (deactivating the EPA ID) <input type="checkbox"/> Notifying as a component of a first of revised RCRA Hazardous Waste Part A Permit Application (for permitted sites only)		
2. Site EPA ID Number			
3. Legal Site Name			
4. Site Location Information	Street Address:		
	City, Town, or Village:		County:
	State:	Country:	Zip:
5. Site Land Type	<input 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 <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS)	A. (Primary)		B.
	C.		D.
7. Site Contact Person	First Name:		MI:
	Last Name:		
	Title:		
	Street or P.O. Box:		
	City, Town, or Village:		
	State:	Country:	Zip Code:
	E-mail:		
8. Legal Owner and Operator of the Site Additional Owners and/or Operators should be listed in the Comment Section or on another copy of this form page.	Name of Site's Legal Owner:		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"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box:		City:
	State:	Country:	Zip Code:
	Email:		Phone:
	Name of Site's Operator:		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"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box:		City:
	State:	Country:	Zip Code:
	Email:		Phone:

9.	Type of Regulated Waste Activity (If "Yes" Mark "X" in the appropriate boxes.)					
A. Hazardous Waste Activities: 1. Current Generator of Hazardous Waste Category (choose only one of the following three categories or leave blank if not a Generator) <input type="checkbox"/> a. Large Quantity Generator (LQG): Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or <input type="checkbox"/> b. Small Quantity Generator (SQG): 100 to 1,000 kg/mo (220-2,200 lbs.) of non-acute hazardous waste; or <input type="checkbox"/> c. Very Small Quantity Generator (VSQG): Less than 100 kg/mo of non-acute hazardous waste If applicable, indicate other generator activities <input type="checkbox"/> d. Temporary Generator (generate from a one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments. <input type="checkbox"/> e. Episodic Generator (a VSQG or SQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category). If yes, you must fill out the Episodic Generator Addendum 2. Biennial Hazardous Waste Report Generator Status (choose only one if the reason for submittal is the Biennial Hazardous Waste Report) <input type="checkbox"/> a. Large Quantity Generator (LQG): Greater than 1,000 kg (2,200 lbs.) of non-acute hazardous waste was generated at the site in any one month; or <input type="checkbox"/> b. Small Quantity Generator (SQG): In one or more months, the site generated greater than 100 kg (220 lbs.) but in no month, did it generate more than 1,000 kg (2,200 lbs.) of non-acute hazardous waste; or <input type="checkbox"/> c. Very Small Quantity Generator (VSQG): The site generated no more than 100 kg (220 lbs.) of non-acute hazardous waste in any one month; or <input type="checkbox"/> d. Non-Generator: The site did not generate any hazardous waste during the calendar year.			3. Transporter of Hazardous Waste <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility (at your site) <input type="checkbox"/> 4. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. 5. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity. <input type="checkbox"/> a. Recycler who stores prior to recycling <input type="checkbox"/> b. Recycler who does not store prior to recycling <input type="checkbox"/> c. 72-hour Recycler 6. Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting and Refining Furnace Exemption <input type="checkbox"/> 7. Underground Injection Control <input type="checkbox"/> 8. Receives Hazardous Waste from Off-site <input type="checkbox"/> 9. United States Importer of Hazardous Waste 10. Recognized Trader <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter 11. Spent Lead Acid Battery <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter <input type="checkbox"/> 12. Electronic Manifest Broker <input type="checkbox"/> 13. LQG Consolidation of VSQG Hazardous Waste (an LQG notifying of consolidating VSQG hazardous waste under control of the same person pursuant to OAC 3745-52-17). If yes, you must fill out the LQG Consolidation of VSQG Hazardous Waste Addendum 14. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) or Entire Facility (required) a. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility b. Expected Closure Date: _____ (mm/dd/yyyy) c. Requesting New Closure Date: _____ mm/dd/yyyy d. Date Closed: _____ (mm/dd/yyyy) <input type="checkbox"/> 1. In compliance with the closure performance standards of OAC rule 3745-55-11 <input type="checkbox"/> 2. Not in compliance with the closure performance standards of OAC rule 3745-55-11			
10.	Waste codes for Federally Regulated Hazardous Wastes. Please list the codes for the federally regulated hazardous waste handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more space is needed.					

11. Universal Waste Activities 1. Handler of Universal Waste (choose only one of the following or leave blank if not a Handler of Universal Waste) <input type="checkbox"/> a. Small Quantity Handler of Universal Waste (SQHUW): Accumulates less than 5,000 kg <input type="checkbox"/> b. Large Quantity Handler of Universal Waste (LQHUW): Accumulates 5,000 kg or more <div style="margin-left: 40px;">Managed</div> <div style="margin-left: 40px;"> <input type="checkbox"/> Batteries <input type="checkbox"/> Pesticides <input type="checkbox"/> Mercury Containing Equipment <input type="checkbox"/> Lamps <input type="checkbox"/> Aerosol Cans <input type="checkbox"/> Antifreeze <input type="checkbox"/> Paint/ Paint Related </div>		
<input type="checkbox"/> 2. Destination Facility for Universal Waste (Note: A hazardous waste permit is required for this activity.)		
12. Used Oil Activities 1. Used Oil Transporter <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility (at your site) 2. Used Oil Processor and/or Re-refiner <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner <input type="checkbox"/> 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Who Directs Shipments of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications		
13. Pharmaceutical Activities- Notification for opting into or withdrawing from the management of hazardous waste pharmaceuticals pursuant to OAC rules 3745-266-500 through 3745-266-510 1. Opting into or currently operating under OAC rules 3745-266-500 through 3745-266-510 for the management of hazardous wastes pharmaceuticals. Mark only one: <input type="checkbox"/> a. Healthcare Facility <input type="checkbox"/> b. Reverse Distributor <input type="checkbox"/> 2. Withdrawing from OAC rules 3745-266-500 through 3745-266-510 for the management of hazardous waste pharmaceuticals		
14. Eligible Academic Entities with Laboratories - Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to OAC rules 3745-52-200 through 3745-52-216 1. Opting into or currently operating under OAC rules 3745-52-200 through 3745-52-216 for the management of hazardous wastes in laboratories. Mark all that apply: <input type="checkbox"/> a. College or University <input type="checkbox"/> b. Teaching hospital that is owned by or has a formal written affiliation agreement with a college or university <input type="checkbox"/> c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university <input type="checkbox"/> 2. Withdrawing from OAC rules 3745-52-200 through 3745-52-216 for the management of hazardous waste in laboratories		
15. Notification of Hazardous Secondary Material (HSM) Activity: Are you notifying under OAC rule 3745-50-16 that you will be managing, are managing, or will stop managing hazardous secondary material under OAC rules 3745-50-23, 3745-51-04(A)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing HSM. <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No		
16.	Comments	
17. 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 person who manage the system, or those persons directly responsible for gathering the information, the information is 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.		
Signature of owner, operator, or an authorized representative		Name (type or print)
Email	Official Title	Date (mm/dd/yyyy)