

VT HAZARDOUS WASTE HANDLER SITE ID FORM

Please return completed form to:

VT DEC Waste Management & Prevention Division One National Life Drive, Davis 1 Montpelier, Vermont 05620-3704

www.anr.state.vt.us/dec/wastediv/rcra/rcrahome.htm

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Shad	led box	for V1	DEC
	Office U		
Date I	ln:		
Date	Complet	e:	

	802-828-1138				
1. Reason for Submittal	To provide initial notification (to obtain an EPA ID Number for hazardous waste, including used oil, or universal waste activities).				
Mark Correct Box(es)	☐ To provide subsequent notification (to update site identification information). Reason: ————————————————————————————————————				
2. Site EPA ID	EPA ID Number:				
3. Site Name	Name: ACME AUTO SALES & SERVICE				
4. Site Location Information	Street Address (not P.O Box): 9999 SOUTH MAIN STREET				
	City or Town: WATER BURY State:				
	County Name: Zip Code: 05676				
5. Site Land Type	☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other				
6. NAICS Code(s) for Site	A. 441110 B. 811111				
http://www.censu s.gov/eos/www/n aics/	C. D.				
7. Site Mailing Address	Number and Street or P. O. Box: ☐ Same as 4, above or:				
	City or Town: WATER BURY				
	State: VT Country: USA Zip Code: 05676				
8. Site Contact Person	First Name: ELMER Last Name: FUDD SVC MANAGER				
	Street or P.O. Box: - SAME AS MAILING- City:				
	State: Zip Code: Country:				
,	Phone Number w/ extension: Email address: elmer + @ comcast. com				
9. Legal Owner and Operator of	Name of Site's Legal Owner: ACME AUTO SALES & SVC, INC Date Became Owner (mm/dd/yyyy): 10/1/1960				
the Site	Street or P.O. Box: City: State: P.O. Box: 99999 WATER BURY VT				
	Zip Code: 05676 Country: US Phone: 802-555-1212				
(List additional	Owner Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other				
(List additional owners or	Name of Site's Operator: Date Became Operator (mm/dd/yyyy):				
operators in Item	ACME AUTO SALES & SVC 10/1/1960				
13-Comments)	Operator Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other				

			EPA ID No.			
10. Type of Regulated Waste Activity (Mark 'X' in the ap	10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):					
A. Hazardous Waste Activities (check all that apply):						
Generator of Hazardous Waste	. 1	☐ 3. Ur	nited States Importer of Hazardous Waste			
(Choose only one of the following three categories.) □ a. Large Quantity Generator (LQG): 2,200 lbs (1,000 kg) or greater of non-acute hazardous waste generated in a calendar month, or 2.2 lbs (1 kg) or greater of acute waste		☐ 4. Mi	ixed Waste (hazardous and radioactive) Generator			
			ansporter of Hazardous Waste Note: A hazardous waste transporter permit is required for this activity.			
b. Small Quantity Generator (SQG): 220 - 2,200 lbs (100 to 1,000 kg) of non-acute hazardous waste and less than 2.2 lbs (1 kg) of acutely hazardous waste generated in a calendar month; and less than 13,200 lbs (6000 kg) accumulated		. [5b. Hazardous Waste Transfer Facility			
		si	reater, Storer, or Disposer of Hazardous Waste (at your ite) Note: A hazardous waste facility certification is equired for this activity.			
c. Conditionally Exempt Generator (CEG): Less than 220 lbs (100 kg/mo) of non-acute hazardous waste and less than 2.2 lbs (1 kg) of acutely hazardous waste generated in a calendar month; and less than 2200 lbs (1000 kg) accumulated;		☐ 7. Re	ecycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.			
			cempt Boiler and/or Industrial Furnace Small-Quantity On-site Burning Exemption Smelting, Melting, and Refining Furnace Exemption			
☐ 2. Short-term Generator (generate from a short-term one-time event and not from an on-going process If Yes, explain in the Comments Sect. 13			QG or LQG that receives waste from CEG vned/operated by same			
B. Universal Waste Activities: 1. Large Quantity Handler of Universal Waste (accumulate 11,000 lbs [5000 kg] or more) Mark all that apply: a. Batteries b. Lamps c. Pesticides d. Mercury-containing Devices e. Cathode Ray Tubes f. Mercury Thermostats g. PCB-containing Light Ballasts 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	1. 2. 3. 4. 5.	Used Oil II Used Othe (Please Used Oil II Used Othe (Please	Transporter - Indicate Type(s) of Activity(ies) Transporter Transfer Facility (at your site) Processor and/or Re-refiner - Indicate Type(s) of tivity(ies) Processor Re-refiner Burner Off-Specification Specification Ed oil is received from offsite, please list name & address of the element			
laboratories ☐ a. College or University ☐ b. Teaching Hospital that is owned by or ha	part R Par s a fo	K (see iten t 262 Subp rmal writte	ng into or withdrawing from managing laboratory n by item instructions for eligibility criteria) art K for the management of hazardous wastes in n affiliation agreement with a college or university n affiliation agreement with a college or university			
2. ☐ Withdrawing from 40 CFR Part 262 Subpart						

		EPA ID No.		
Description of Hazardous Wastes: Plea waste handled at your site. Use all waste codes). Use an additional page if more spa	codes for each waste s	stream (federal waste code	s take precedence or	er state waste
Waste Name		EPA/State Waste Code	es Estimated N	onthly Quantity
Parts Washer		DOOI, DO39	5 gal /	month
oil-soaked speedi-d	lry	VTOZ	25 pon	
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/				
12. Does your company own other facilitie If yes, please list name(s) & location(s)		₁ Vermont? □ Yes	⊠ No	
13. Comments:				
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14. Certification. I certify under penalty direction or supervision in accordance with evaluate the information submitted. Based persons directly responsible for gathering belief, true, accurate, and complete. I am including the possibility of fine and imprison	n a system designed I on my inquiry of the the information, the aware that there are	d to assure that qualified e person or persons who information submitted is significant penalties for	personnel properly manage the system to the best of my	/ gather and em, or those knowledge and
Signature of owner, operator, or an authorized representative		title (type or print) of own authorized representative		Date Signed (mm-dd-yyyy)
By Dun	BOB ACM	E, OWNER	2	3/1/2013
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