OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal (Select only one.)

☑	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
☐	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
	☐ Site was a TSD facility and/or generator of ≥ 1,000 kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in **one or more months of the reporting year** (or State equivalent LQG regulations)
☐	Notifying that regulated activity is no longer occurring at this Site
☐	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
☐	Submitting a new or revised Part A Form

2. Site EPA ID Number

V	T	R	0	0	0	5	1	7	0	5	2

3. Site Name

US Ecology Burlington, Inc.

4. Site Location Address

Street Address **54 Avenue D**		
City, Town, or Village **Williston**		County **Chittenden**
State **VT**	Country **USA**	Zip Code **05495**

5. Site Mailing Address ☑ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

6. Site Land Type

☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) **562211**	C.
B.	D.

8. Site Contact Information

☐ Same as Location Address

First Name **Jeffrey**	MI **A**	Last Name **Baker**
Title **Branch Manager**		
Street Address **54 Avenue D**		
City, Town, or Village **Williston**		
State **VT**	Country **USA**	Zip Code **05495**
Email **Jeffrey.Baker@usecology.com**		
Phone **802-923-1941**	Ext	Fax

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

☑ Same as Location Address

Full Name		Date Became Owner (mm/dd/yyyy)
Owner Type ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax
Comments		

B. Name of Site's Legal Operator

☑ Same as Location Address

Full Name		Date Became Operator (mm/dd/yyyy)
Operator Type ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax
Comments		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

☑ Y ☐ N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c		
	☑	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
	☐	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
	☐	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
☐ Y ☑ N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. *Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.*		
☑ Y ☐ N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.		
☑ Y ☐ N	4. Receives Hazardous Waste from Off-site		
☐ Y ☑ N	5 Recycler of Hazardous Waste		
	☐	a. Recycler who stores prior to recycling	
	☐	b. Recycler who does not store prior to recycling	
☐ Y ☑ N	6. 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	

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes 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 spaces are needed.

see attached part A application						

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

see attached part A application						

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

☐ Y ☑ N	1. Transporter of Hazardous Waste—If "Yes", mark all that apply.
☐	a. Transporter
☐	b. Transfer Facility (at your site)
☐ Y ☑ N	2. Underground Injection Control
☑ Y ☐ N	3. United States Importer of Hazardous Waste
☑ Y ☐ N	4. Recognized Trader—If "Yes", mark all that apply.
☑	a. Importer
☑	b. Exporter
☐ Y ☑ N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all that apply.
☐	a. Importer
☐	b. Exporter

B. Universal Waste Activities

☑ Y ☐ N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
☑	a. Batteries
☑	b. Pesticides
☑	c. Mercury containing equipment
☑	d. Lamps
☑	e. Other (specify) Paint
☑	f. Other (specify) Aerosols
☐	g. Other (specify)
☑ Y ☐ N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

☐ 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

D. Pharmaceutical Activities

☐ Y ☑ N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if "Yes", mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
☐	a. Healthcare Facility
☐	b. Reverse Distributor
☐ Y ☑ N	2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

☐ Y ☑ N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories— If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
☐	1. College or University
☐	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
☐	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
☐ Y ☑ N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

☐ Y ☑ N	Are you an SQG or VSQG 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 Addendum for Episodic Generator?

14. LQG Consolidation of VSQG Hazardous Waste

☐ Y ☑ N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

☐ Y ☑ N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
	A. ☐ Central Accumulation Area (CAA) or ☐ Entire Facility
	B. Expected closure date: _____ mm/dd/yyyy
	C. Requesting new closure date: _____ mm/dd/yyyy
	D. Date closed : _____ mm/dd/yyyy ☐ 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) ☐ 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

☐ Y ☑ N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.

17. Electronic Manifest Broker

☐ Y ☑ N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

18. Comments (include item number for each comment)

19. 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy) **6/11/2021**
Printed Name (First, Middle Initial Last) **Jeffrey A Baker**	Title **Branch Manager**
Email **jeffrey.baker@usecology.com**	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

United States Environmental Protection Agency

HAZARDOUS WASTE PERMIT PART A FORM

1. Facility Permit Contact

First Name	**Jeffrey**	MI	**A**	Last Name	**Baker**
Title	**Branch Manager**				
Email	**Jeffrey.Baker@usecology.com**				
Phone	**802-923-1941**	Ext		Fax	

2. Facility Permit Contact Mailing Address

Street Address	**54 Avenue D**	
City, Town, or Village	**Williston**	
State **VT**	Country **USA**	Zip Code **05495**

3. Facility Existence Date (mm/dd/yyyy)

1989

4. Other Environmental Permits

A. Permit Type	B. Permit Number												C. Description
R	**V**	**T**	**R**	**0**	**0**	**0**	**5**	**1**	**7**	**0**	**5**	**2**	**Vermont-Issued - Effective 08/20/2007**

5. Nature of Business

US Ecology Burlington, Inc. is a container storage facility for hazardous, State-regulated, and non-hazardous solid wastes.

6. Process Codes and Design Capacities

Line Number		A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		
X	1	S	0	1	127,415	G	001	Facility Internal Storage

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.		A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes								
								(1) Process Codes								(2) Process Description (if code is not entered in 7.D1))
X	1	D	0	0	1	560000	G	S	0	1						
X	2	D	0	0	2	570000	G	S	0	1						
X	3	D	0	0	3	93000	G	S	0	1						
X	4	D	0	0	4	377000	G	S	0	1						
X	5	D	0	0	5	475000	G	S	0	1						
X	6	D	0	0	6	464000	G	S	0	1						
X	7	D	0	0	7	568000	G	S	0	1						
X	8	D	0	0	8	561000	G	S	0	1						
X	9	D	0	0	9	90000	G	S	0	1						
1	0	D	0	1	0	190000	G	S	0	1						
See attached for additional description of hazardous waste																

8. Map

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

9. Facility Drawing

All existing facilities must include a scale drawing of the facility. See instructions for more detail.

10. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. See instructions for more detail.

11. Comments

Section 7, see attached sheets for additional description of hazardous waste.

Section 7. Description of Hazardous Waste (contiuation)

Line No.	A. EPA Hazardous Waste No.	B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes	
				(1) Process Codes	(2) Process Description (if code is not entered in 7.D(1))
11	D011	565,000	G	S 0 1	
12	D012	458,000	G	S 0 1	
13	D013	458,000	G	S 0 1	
14	D014	458,000	G	S 0 1	
15	D015	458,000	G	S 0 1	
16	D016	89,000	G	S 0 1	
17	D017	458,000	G	S 0 1	
18	D018	187,000	G	S 0 1	
19	D019	89,000	G	S 0 1	
20	D020	458,000	G	S 0 1	
21	D021	187,000	G	S 0 1	
22	D022	89,000	G	S 0 1	
23	D023	395,000	G	S 0 1	
24	D024	458,000	G	S 0 1	
25	D025	89,000	G	S 0 1	
26	D026	458,000	G	S 0 1	
27	D027	458,000	G	S 0 1	
28	D028	556,000	G	S 0 1	
29	D029	458,000	G	S 0 1	
30	D030	458,000	G	S 0 1	
31	D031	458,000	G	S 0 1	
32	D032	458,000	G	S 0 1	
33	D033	458,000	G	S 0 1	
34	D034	458,000	G	S 0 1	
35	D035	556,000	G	S 0 1	
36	D036	556,000	G	S 0 1	
37	D037	458,000	G	S 0 1	
38	D038	556,000	G	S 0 1	
39	D039	556,000	G	S 0 1	
40	D040	556,000	G	S 0 1	
41	D041	458,000	G	S 0 1	
42	D042	458,000	G	S 0 1	
43	D043	458,000	G	S 0 1	
44	F001	456,000	G	S 0 1	
45	F002	556,000	G	S 0 1	
46	F003	556,000	G	S 0 1	
47	F004	89,000	G	S 0 1	
48	F005	556,000	G	S 0 1	
49	F006	185,000	G	S 0 1	
50	F007	93,000	G	S 0 1	

51	F008	6,000	G	S	0	1							
52	F009	6,000	G	S	0	1							
53	F010	6,000	G	S	0	1							
54	F011	6,000	G	S	0	1							
55	F012	6,000	G	S	0	1							
56	F019	6,000	G	S	0	1							
57	F020	6,000	G	S	0	1							
58	F021	6,000	G	S	0	1							
59	F022	6,000	G	S	0	1							
60	F023	6,000	G	S	0	1							
61	F024	6,000	G	S	0	1							
62	F025	6,000	G	S	0	1							
63	F026	6,000	G	S	0	1							
64	F027	6,000	G	S	0	1							
65	F028	6,000	G	S	0	1							
66	F032	6,000	G	S	0	1							
67	F034	55,000	G	S	0	1							
68	F035	87,000	G	S	0	1							
69	F037	6,000	G	S	0	1							
70	F038	6,000	G	S	0	1							
71	F039	6,000	G	S	0	1							
72	K001	6,000	G	S	0	1							
73	K002	6,000	G	S	0	1							
74	K003	6,000	G	S	0	1							
75	K004	6,000	G	S	0	1							
76	K005	6,000	G	S	0	1							
77	K006	6,000	G	S	0	1							
78	K007	6,000	G	S	0	1							
79	K008	6,000	G	S	0	1							
80	K009	6,000	G	S	0	1							
81	K010	6,000	G	S	0	1							
82	K011	6,000	G	S	0	1							
83	K013	6,000	G	S	0	1							
84	K014	6,000	G	S	0	1							
85	K015	6,000	G	S	0	1							
86	K016	6,000	G	S	0	1							
87	K017	6,000	G	S	0	1							
88	K018	6,000	G	S	0	1							
89	K019	6,000	G	S	0	1							
90	K020	6,000	G	S	0	1							
91	K021	6,000	G	S	0	1							
92	K022	6,000	G	S	0	1							
93	K023	6,000	G	S	0	1							
94	K024	6,000	G	S	0	1							
95	K025	6,000	G	S	0	1							
96	K026	6,000	G	S	0	1							
97	K027	6,000	G	S	0	1							

98	K028	6,000	G	S	0	1							
99	K029	6,000	G	S	0	1							
100	K030	6,000	G	S	0	1							
101	K031	6,000	G	S	0	1							
102	K032	6,000	G	S	0	1							
103	K033	6,000	G	S	0	1							
104	K034	6,000	G	S	0	1							
105	K035	6,000	G	S	0	1							
106	K036	6,000	G	S	0	1							
107	K037	6,000	G	S	0	1							
108	K038	6,000	G	S	0	1							
109	K039	6,000	G	S	0	1							
110	K040	6,000	G	S	0	1							
111	K041	6,000	G	S	0	1							
112	K042	6,000	G	S	0	1							
113	K043	6,000	G	S	0	1							
114	K044	6,000	G	S	0	1							
115	K045	6,000	G	S	0	1							
116	K046	6,000	G	S	0	1							
117	K047	6,000	G	S	0	1							
118	K048	6,000	G	S	0	1							
119	K049	6,000	G	S	0	1							
120	K050	6,000	G	S	0	1							
121	K051	6,000	G	S	0	1							
122	K052	6,000	G	S	0	1							
123	K060	6,000	G	S	0	1							
124	K061	6,000	G	S	0	1							
125	K062	6,000	G	S	0	1							
126	K069	6,000	G	S	0	1							
127	K071	6,000	G	S	0	1							
128	K073	6,000	G	S	0	1							
129	K083	6,000	G	S	0	1							
130	K084	6,000	G	S	0	1							
131	K085	6,000	G	S	0	1							
132	K086	6,000	G	S	0	1							
133	K087	6,000	G	S	0	1							
134	K088	6,000	G	S	0	1							
135	K093	6,000	G	S	0	1							
136	K094	6,000	G	S	0	1							
137	K095	6,000	G	S	0	1							
138	K096	6,000	G	S	0	1							
139	K097	6,000	G	S	0	1							
140	K098	6,000	G	S	0	1							
141	K099	6,000	G	S	0	1							
142	K100	6,000	G	S	0	1							
143	K101	6,000	G	S	0	1							
144	K102	6,000	G	S	0	1							

145	K103	6,000	G	S	0	1							
146	K104	6,000	G	S	0	1							
147	K105	6,000	G	S	0	1							
148	K106	6,000	G	S	0	1							
149	K107	6,000	G	S	0	1							
150	K108	6,000	G	S	0	1							
151	K109	6,000	G	S	0	1							
152	K110	6,000	G	S	0	1							
153	K111	6,000	G	S	0	1							
154	K112	6,000	G	S	0	1							
155	K113	6,000	G	S	0	1							
156	K114	6,000	G	S	0	1							
157	K115	6,000	G	S	0	1							
158	K116	6,000	G	S	0	1							
159	K117	6,000	G	S	0	1							
160	K118	6,000	G	S	0	1							
161	K123	6,000	G	S	0	1							
162	K124	6,000	G	S	0	1							
163	K125	6,000	G	S	0	1							
164	K126	6,000	G	S	0	1							
165	K131	6,000	G	S	0	1							
166	K132	6,000	G	S	0	1							
167	K136	6,000	G	S	0	1							
168	K140	6,000	G	S	0	1							
169	K141	6,000	G	S	0	1							
170	K142	6,000	G	S	0	1							
171	K143	6,000	G	S	0	1							
172	K144	6,000	G	S	0	1							
173	K145	6,000	G	S	0	1							
174	K147	6,000	G	S	0	1							
175	K148	6,000	G	S	0	1							
176	K149	6,000	G	S	0	1							
177	K150	6,000	G	S	0	1							
178	K151	6,000	G	S	0	1							
179	K156	6,000	G	S	0	1							
180	K157	6,000	G	S	0	1							
181	K158	6,000	G	S	0	1							
182	K159	6,000	G	S	0	1							
183	K160	6,000	G	S	0	1							
184	K161	6,000	G	S	0	1							
185	K169	6,000	G	S	0	1							
186	K170	6,000	G	S	0	1							
187	K171	6,000	G	S	0	1							
188	K172	6,000	G	S	0	1							
189	K175	6,000	G	S	0	1							
190	K176	6,000	G	S	0	1							
191	K177	6,000	G	S	0	1							

192	K178	6,000	G	S	0	1							
193	K181	6,000	G	S	0	1							
194	P001	6,000	G	S	0	1							
195	P002	6,000	G	S	0	1							
196	P003	6,000	G	S	0	1							
197	P004	6,000	G	S	0	1							
198	P005	6,000	G	S	0	1							
199	P006	6,000	G	S	0	1							
200	P007	6,000	G	S	0	1							
201	P008	6,000	G	S	0	1							
202	P009	6,000	G	S	0	1							
203	P010	6,000	G	S	0	1							
204	P011	6,000	G	S	0	1							
205	P012	6,000	G	S	0	1							
206	P013	6,000	G	S	0	1							
207	P014	6,000	G	S	0	1							
208	P015	6,000	G	S	0	1							
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