


United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>	
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**1. Reason for Submittal** (Select only one.)

<input checked="" type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input checked="" type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, $> 1$ kg of acute hazardous waste, or $> 100$ kg of acute hazardous waste spill cleanup in <b>one or more months of the reporting year</b> (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A (permit) Form

**2. Site EPA ID Number**

V	T	R	0	0	0	5	1	7	0	5	2
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**3. Site Name**

<b>US Ecology Burlington, Inc.</b>
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**4. Site Location Address**

Street Address <b>54 Avenue D</b>		
City, Town, or Village <b>Williston</b>		County <b>Chittenden</b>
State <b>VT</b>	Country <b>USA</b>	Zip Code <b>05495</b>
Latitude <b>44.463814</b>	Longitude <b>-73.119987</b>	<input type="checkbox"/> Use Lat/Long as Primary Address

**5. Site Mailing Address**

Same as Location Street Address

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

**6. Site Land Type**

<input checked="" 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	<input type="checkbox"/> Other
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**7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)**

A. (Primary) <b>562211</b>	C.
B.	D.

**8. Site Contact Information**

Same as Location Address

First Name <b>Jeffrey</b>	MI <b>A</b>	Last Name <b>Baker</b>
Title <b>Branch Manager</b>		
Street Address <b>54 Avenue D</b>		
City, Town, or Village <b>Williston</b>		
State <b>VT</b>	Country <b>USA</b>	Zip Code <b>05495</b>
Email <b>jeffrey.baker@usecology.com</b>		
Phone <b>802-923-1941</b>	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 <input checked="" 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 <input type="checkbox"/> 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 <input checked="" 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 <input type="checkbox"/> 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**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); 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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 Recycler of Hazardous Waste	
<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"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	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**

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

**B. Universal Waste Activities**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> 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.
<input checked="" type="checkbox"/>	a. Batteries
<input checked="" type="checkbox"/>	b. Pesticides
<input checked="" type="checkbox"/>	c. Mercury containing equipment
<input checked="" type="checkbox"/>	d. Lamps
<input checked="" type="checkbox"/>	e. Aerosol Cans
<input checked="" type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input checked="" type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input checked="" type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Pharmaceutical Activities**

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 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.
	<input type="checkbox"/>	a. Healthcare Facility
	<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 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.
	<input type="checkbox"/>	1. College or University
	<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
	<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories.

**13. Episodic Generation**

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> 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.
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**14. LQG Consolidation of VSQG Hazardous Waste**

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> 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 VSQG hazardous waste.
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**15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)**

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
		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 40 CFR 262.17(a)(8)
		<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

**16. Notification of Hazardous Secondary Material (HSM) Activity**

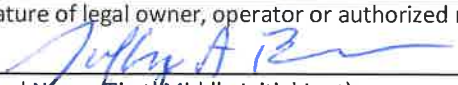
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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**17. Electronic Manifest Broker**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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?
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**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)
	<b>12/10/2021</b>
Printed Name (First, Middle Initial Last)	Title
<b>Jeffrey A Baker</b>	<b>Branch Manager</b>
Email	
<b>jeffrey.baker@usecology.com</b>	
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 <b>HAZARDOUS WASTE PERMIT PART A FORM</b>	
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**1. Facility Permit Contact**

First Name <b>Jeffrey</b>	MI <b>A</b>	Last Name <b>Baker</b>
Title <b>Branch Manager</b>		
Email <b>jeffrey.baker@usecology.com</b>		
Phone <b>802-923-1941</b>	Ext	Fax

**2. Facility Permit Contact Mailing Address**

Street Address <b>54 Avenue D</b>		
City, Town, or Village <b>Williston</b>		
State <b>VT</b>	Country <b>USA</b>	Zip Code <b>05495</b>

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

<b>1/1/1989</b>
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**4. Other Environmental Permits**

A. Permit Type	B. Permit Number												C. Description	
<b>R</b>	<b>V</b>	<b>T</b>	<b>R</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>Vermont Issued Effective 9/7/21</b>

**5. Nature of Business**

<p><b>US Ecology Burlington, Inc. is a container storage facility for hazardous, State-regulated, and non-hazardous solid wastes.</b></p>
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**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	150,535	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								



















427	U115	6,000	G	S	0	1													
428	U116	6,000	G	S	0	1													
429	U117	6,000	G	S	0	1													
430	U118	6,000	G	S	0	1													
431	U119	6,000	G	S	0	1													
432	U120	6,000	G	S	0	1													
433	U121	6,000	G	S	0	1													
434	U122	87,000	G	S	0	1													
435	U123	6,000	G	S	0	1													
436	U124	6,000	G	S	0	1													
437	U125	6,000	G	S	0	1													
438	U126	6,000	G	S	0	1													
439	U127	6,000	G	S	0	1													
440	U128	6,000	G	S	0	1													
441	U129	6,000	G	S	0	1													
442	U130	6,000	G	S	0	1													
443	U131	6,000	G	S	0	1													
444	U132	6,000	G	S	0	1													
445	U133	6,000	G	S	0	1													
446	U134	6,000	G	S	0	1													
447	U135	6,000	G	S	0	1													
448	U136	6,000	G	S	0	1													
449	U137	6,000	G	S	0	1													
450	U138	6,000	G	S	0	1													
451	U140	6,000	G	S	0	1													
452	U141	6,000	G	S	0	1													
453	U142	6,000	G	S	0	1													
454	U143	6,000	G	S	0	1													
455	U144	6,000	G	S	0	1													
456	U145	6,000	G	S	0	1													
457	U146	6,000	G	S	0	1													
458	U147	6,000	G	S	0	1													
459	U148	6,000	G	S	0	1													
460	U149	6,000	G	S	0	1													
461	U150	6,000	G	S	0	1													
462	U151	6,000	G	S	0	1													
463	U152	6,000	G	S	0	1													
464	U153	6,000	G	S	0	1													
465	U154	554,000	G	S	0	1													
466	U155	6,000	G	S	0	1													
467	U156	6,000	G	S	0	1													
468	U157	6,000	G	S	0	1													
469	U158	6,000	G	S	0	1													
470	U159	6,000	G	S	0	1													
471	U160	6,000	G	S	0	1													
472	U161	369,000	G	S	0	1													
473	U162	6,000	G	S	0	1													





568	U383	6,000	G	S	0	1													
569	U384	6,000	G	S	0	1													
570	U385	6,000	G	S	0	1													
571	U386	6,000	G	S	0	1													
572	U387	6,000	G	S	0	1													
573	U389	6,000	G	S	0	1													
574	U390	6,000	G	S	0	1													
575	U391	6,000	G	S	0	1													
576	U392	6,000	G	S	0	1													
577	U393	6,000	G	S	0	1													
578	U394	6,000	G	S	0	1													
579	U395	6,000	G	S	0	1													
580	U396	6,000	G	S	0	1													
581	U400	6,000	G	S	0	1													
582	U401	6,000	G	S	0	1													
583	U402	6,000	G	S	0	1													
584	U403	6,000	G	S	0	1													
585	U404	6,000	G	S	0	1													
586	U407	6,000	G	S	0	1													
587	U408	6,000	G	S	0	1													
588	U409	6,000	G	S	0	1													
589	U410	6,000	G	S	0	1													
590	U411	6,000	G	S	0	1													
591	VT01	6,000	G	S	0	1													
592	VT02	50,000	G	S	0	1													
593	VT03	350,000	G	S	0	1													
594	VT06	6,000	G	S	0	1													
595	VT08	120,000	G	S	0	1													
596	VT11	6,000	G	S	0	1													
597	VT20	250,000	P	S	0	1													
598	VT21	50,000	G	S	0	1													
599	VT22	50,000	G	S	0	1													
600	VT99	550,000	G	S	0	1													