



# 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

<http://dec.vermont.gov/waste-management/hazardous>

802-828-1138

Shaded box for VT DEC  
Office Use Only

Date In:

Date Complete:

1. Reason for Submittal Mark Correct Box(es)	<input type="checkbox"/> To provide <b>initial notification</b> (to obtain an EPA ID Number for hazardous waste, including used oil, or universal waste activities).		
	<input type="checkbox"/> To provide <b>subsequent notification</b> (to update site identification information). Reason: _____		
2. Site EPA ID	EPA ID Number:		
3. Site Name	Name:		
4. Site Location Information	Street Address (not P.O Box):		
	City or Town:		State:
	County Name:		Zip Code:
5. 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 <input type="checkbox"/> Other_____		
6. NAICS Code(s) for Site <a href="http://www.census.gov/eos/www/naics/">http://www.census.gov/eos/www/naics/</a>	A.		B.
	C.		D.
7. Site Mailing Address	Number and Street or P. O. Box: <input type="checkbox"/> Same as 4, above or:		
	City or Town:		
	State:	Country:	Zip Code:
8. Site Contact Person	First Name:		Last Name:
	Street or P.O. Box:		City:
	State:	Zip Code:	Country:
	Phone Number w/ extension:		Email address:
9. Legal Owner and Operator of the Site  (List additional owners or operators in Item 13-Comments)	Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):
	Street or P.O. Box:		City:
	State:	Zip Code:	Country:
	Phone:		
	Owner 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 <input type="checkbox"/> Other		
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"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

**10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):****A. Hazardous Waste Activities (check all that apply):****1. Generator 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
- 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
- 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;

- 2. Short-term Generator** (generate from a short-term or one-time event and not from an on-going process). If Yes, explain in the Comments Sect. 13

- 3. United States Importer of Hazardous Waste**
- 4. Mixed Waste (hazardous and radioactive) Generator**
- 5a. Transporter of Hazardous Waste** Note: A hazardous waste transporter permit is required for this activity.
- 5b. Hazardous Waste Transfer Facility**
- 6. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste facility certification is required for this activity.
- 7. Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
- 8. Exempt Boiler and/or Industrial Furnace**
- Small-Quantity On-site Burning Exemption
- Smelting, Melting, and Refining Furnace Exemption
- 9. SQG or LQG that receives waste from CEG owned/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.

**C. Used Oil Activities:****1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- a. Transporter
- b. Transfer Facility (at your site)

**2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)**

- a. Processor
- b. Re-refiner

**3. Used Oil Burner**

- a. Off-Specification
- b. Specification

If used oil is received from offsite, please list name & address of source \_\_\_\_\_

**4. Used Oil Marketer - Indicate Type(s) of Activity(ies)**

- 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

- 5. Used Oil generator** that gives or sells specification used oil to others to burn  
(Please list burner(s) name & address): \_\_\_\_\_

- 6. Used Oil generator** that sends used oil to be re-refined

- 7. Used Oil Collection Facility**

**D. Eligible Academic Entities with Laboratories – Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K (see item by item instructions for eligibility criteria)**

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
2.  Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

EPA ID No.

**11. Description of Hazardous Wastes:** Please list the waste name, waste codes and estimated monthly quantity of the hazardous waste handled at your site. Use all waste codes for each waste stream (federal waste codes take precedence over state waste codes). Use an additional page if more spaces are needed. For long lists, please list waste codes in alphanumeric order.

Waste Name	EPA/State Waste Codes	Estimated Monthly Quantity

**12. Does your company own other facilities or have affiliates in Vermont?**  Yes  No  
If yes, please list name(s) & location(s):

**13. Comments:**

**14. 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 fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)