



VT HAZARDOUS WASTE HANDLER SITE ID FORM

**Shaded box for VT DEC
Office Use Only**

Please return completed form to:

VT DEC Waste Management Division
103 South Main Street/West Bldg
Waterbury, Vermont 05671-0404
(802) 241-3888

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

Date in:

Date Complete:

File #

Unique #

refers to page of instructions

EPA ID Number:

1. Reason for Submittal (p 2)
Mark Correct Box(es)

- To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, including used oil, or universal waste activities).
- To provide **subsequent notification** (to update site identification information). Reason:

- As a component of a First RCRA Hazardous Waste Part A Permit Application
- As a component of a revised RCRA Hazardous Waste Part A Permit Application
- As a component of the Hazardous Waste Report

2. Site Name (p 2)

Name: **ACME AUTO SALES & SERVICE**

3. Site Location Information (p 2)

Street Address (not P.O. Box):

9999 SOUTH MAIN ST

City or Town: **WATERBURY**

State: **VT**

County Name: **WASHINGTON**

Zip Code: **05676**

4. Site Land Type

Private Federal Municipal State Other _____

5. North American Industry Classification System (NAICS) Code(s) for Site

A. **441110**

B. **811121**

C. **811111**

D.

6. Site Mailing Address (p 3)

Number and Street or P. O. Box: Same as 3, above or:

P.O. BOX 99999

City or Town: **WATERBURY**

State: **VT**

Country: **USA**

Zip Code: **05676**

7. Site Contact Person (p 3)

First Name: **Tom**

Last Name: **Thumb**

Title: **Svc. Manager**

Phone Number: **802 555-1212**

Phone Extension:

8. Legal Owner and Operator of the Site (p 3)

Name of Site Land Owner: **George Washington**

Date Became Owner (mm/dd/yyyy): **10/1/95**

Name of Site Business Owner: **SAME**

Date Became Owner (mm/dd/yyyy):

Owner Type: Private Federal Municipal State Other _____

(List additional owners or operators in Item 13-Comments)

Name of Site's Operator: **SAME**

Date Became Operator (mm/dd/yyyy):

Operator Type: Private Federal Municipal State Other _____

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):**A. Hazardous Waste Activities:****1. Generator of Hazardous Waste (p 4)***(Choose only one of the following three categories.)*

- a. Large Quantity Generator: 1,000 kg (2,200 lbs.) or greater of *non-acute* hazardous waste generated in a calendar month, or 1 kg (2.2 lbs) or greater of *acute* waste
- b. Small Quantity Generator: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of *non-acute* hazardous waste; less than 1 kg (2.2 lbs) of *acute* waste
- c. Conditionally Exempt Generator: Less than 100 kg/mo (220 lbs) of *non-acute* hazardous waste; accumulate less than 1000 kg (2200 lbs) total hazardous waste

In addition, indicate other generator activities (p 4) *(check all that apply)*.

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply (p 5).

2. **Transporter of Hazardous Waste** Note: A hazardous waste transporter permit is required for this activity.
- 2a. **Hazardous Waste Transfer Facility**
3. **Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste facility certification is required for this activity.
4. **Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
5. **Exempt Boiler and/or Industrial Furnace**
- Small-Quantity On-site Burning Exemption
- Smelting, Melting, and Refining Furnace Exemption

B. Universal Waste Activities (p 5):

1. **Large Quantity Handler of Universal Waste** (accumulate 5000 kg or more)
Mark all that apply:
- a. Batteries
- b. Pesticides
- c. Thermostats
- d. Lamps
- e. Light Ballasts
2. **Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (p 6):

1. **Used Oil Transporter - Indicate Type(s) of Activity(ies)**
- a. Transporter
- b. Transfer Facility
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 generator/marketer that gives or sells used oil to others to burn**
- a. Off-Specification
- b. Specification
- (Please list burner(s) name & address): _____
5. **Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**
- Marketer who collects and blends or processes used oil collected
- Marketer who collects and distributes used oil collected
6. **Used Oil generator that sends used oil to be re-refined**
7. **Used Oil Collection Facility**

EPA ID No.

10. **Description of Hazardous Wastes (p 7):** 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
Parts Washer	D001, D039	5 gal /month
Oil Soaked Sorbents	VTO2	80 lbs
Gun Cleaner	D001, F003, F005	5 gal.
Spray Booth Filters	F003, F005	30 lbs
Paint Waste	D001	10 gal.

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

12. If this document was prepared by a contractor/transporter on behalf of the hazardous waste handler, please list your contact information including name, company name, phone and fax numbers:

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)
<i>George Washington</i>	George Washington, owner	2/1/03