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|--|-------------------------|-----------|
| 9. Legal Owner<br>(Continued)<br>Address | Street or P. O. Box:    |           |
|  | City, Town, or Village: |           |
|  | State:                  |           |
|  | Country:                | Zip Code: |

**10. Type of Regulated Waste Activity**  
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

**A. Hazardous Waste Activities**  
 Complete all parts for 1 through 6.

|   |  |
|---|--|
| <p><input type="checkbox"/> <input type="checkbox"/> 1. <b>Generator of Hazardous Waste</b><br/>                 If "Yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p><b>In addition, indicate other generator activities.</b></p> <p><input type="checkbox"/> <input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> | <p><input type="checkbox"/> <input type="checkbox"/> 2. <b>Transporter of Hazardous Waste</b></p> <p><input type="checkbox"/> <input type="checkbox"/> 3. <b>Treater, Storer, or Disposer of Hazardous Waste (at your site)</b> Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. <b>Recycler of Hazardous Waste (at your site)</b></p> <p><input type="checkbox"/> <input type="checkbox"/> 5. <b>Exempt Boiler and/or Industrial Furnace</b><br/>                 If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. <b>Underground Injection Control</b></p> |
|---|--|

**B. Universal Waste Activities**

1. **Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:**

|                                 |                          |
|---------------------------------|--------------------------|
|                                 | <u>Manage</u>            |
| a. Batteries                    | <input type="checkbox"/> |
| b. Pesticides                   | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps                        | <input type="checkbox"/> |
| e. Other (specify)              | <input type="checkbox"/> |
| f. Other (specify) _____        | <input type="checkbox"/> |
| g. Other (specify) _____        | <input type="checkbox"/> |

2. **Destination Facility for Universal Waste**  
 Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**  
 Mark all boxes that apply.

1. **Used Oil Transporter**  
 If "Yes", mark each that applies.

a. Transporter

b. Transfer Facility

2. **Used Oil Processor and/or Re-refiner**  
 If "Yes", mark each that applies.

a. Processor

b. Re-refiner

3. **Off-Specification Used Oil Burner**

4. **Used Oil Fuel Marketer**  
 If "Yes", mark each that applies.

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

|   |  |  |  |  |                                 |  |
|---|--|--|--|--|---------------------------------|--|
| <b>11. Description of Hazardous Wastes (See instructions on page 21.)</b>   |  |  |  |  |                                 |  |
| <p><b>A. Waste Codes for Federally Regulated Hazardous Wastes.</b> 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.</p>   |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |
| <p><b>B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.</b> Please list the waste codes of the State-regulated 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 for waste codes.</p>  |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |
| <b>12. Comments (See instructions on page 21.)</b>  |  |  |  |  |                                 |  |
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| <p><b>13. Certification.</b> 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. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). <b>(See instructions on page 21.)</b></p> |  |  |  |  |                                 |  |
| <b>Signature of operator, owner, or an authorized representative</b>  | <b>Name and Official Title (type or print)</b> |  |  |  | <b>Date Signed (mm/dd/yyyy)</b> |  |
|   |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |
|   |  |  |  |  |                                 |  |

SAMPLE LETTER

ON GENERATOR'S LETTERHEAD

U.S.E.P.A. - Region II  
290 Broadway, 22nd Floor  
New York, New York 10007-1866

DATE

Attention: Mr. Jack Hoyt

Re:           Name of Facility            
          Address                            
          Address                            
          E.P.A. I.D. #                  

Dear Mr. Hoyt:

Please be advised that as of this date the U.S.E.P.A. Identification number assigned to the above-referenced facility,   I. D. Number  , should be terminated as no further generation of hazardous waste will occur. The number was obtained for a one-time shipment of waste relating to           Reason for Shipments          . These activities have been completed, all shipments have been made, and the identification number should be terminated.

Thank you for your assistance in this matter. If you have any questions concerning the facility, the identification number, or waste shipments, please do not hesitate to call.

Sincerely,

Name  
Title  
Generator Facility