

Required under authority of the Natural Resources and Environmental Protection Act, 1994
PA 451, as amended. Failure to submit this information may result in civil or criminal penalties.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
Waste and Hazardous Materials Division



SITE IDENTIFICATION

I. The form is being submitted

CHECK CORRECT BOX(ES)

If submitting a subsequent notification you can contact the MDEQ-WHMD District or Lansing office for a pre-populated form. For locations and phone numbers go to www.michigan.gov/deq.

as initial notification: to notify as a new site or new owner for the site: Mail this form and the user charge fee with either a receipt from paying the \$50.00 fee on-line using a Master Card, VISA, or Discover Card (<https://www.thepayplace.com/mi/deq/siteid>) or by check made payable to the State of Michigan. Mail to MDEQ Revenue Office - HWCU, PO Box 30657, Lansing, MI 48909-8157

OR

as subsequent notification: to change, update, or verify site information for an existing owner of a site with a previously issued site id number: Mail directly to WHMD-MDEQ at WHMD-MDEQ, Notification Unit, PO Box 30241, Lansing, MI 48909-4797 if a fee is not required. Otherwise submit to MDEQ Revenue Office (see above).

AND ANY OF THE FOLLOWING

- as a component of a Hazardous Waste Permit Part A (submit to WHMD-MDEQ)
- as a component of the Hazardous Waste (biennial) Report (submit to WHMD-MDEQ)

II. Site's ID Number

A. Site's Identification (ID) Number:

III. Name of Site

TYPE OR PRINT CLEARLY

A. Legal Company Name:

B. Site Specific Name (d/b/a):

IV. NAICS for this Site

A. B. C. D.

V. Site Location Address and Other Site Information

TYPE OR PRINT CLEARLY

Street Address line 1:

Address line 2

City, Town, or Village:

State, Province or Subdivision (2 letters):

Country:

County Name (MI only):

Zip or Postal Code: -

Tax Number:

Approx / Ave Number of Employees:

VI. Site Mailing Address

TYPE OR PRINT CLEARLY

Street Address line 1 or PO Box:

Address line 2:

City, Town, or Village:

State, Province or Subdivision (2 letters):

Country:

Zip or Postal Code: -

VII. Site Contact Person

TYPE OR PRINT CLEARLY

First Name:

MI:

Last Name:

Phone Number: ()

Phone number extension:

email address:

Fax number: ()

VIII. Indian Reservation

Facility on Indian Reservation Land yes no

IX. Owner of the site and/or Operator of Site TYPE OR PRINT CLEARLY Add any additional owners or operators on the comment page. The property owner is not required unless said property owner also acts as the owner or operator of the activity that generates the waste	A. (check applicable box(es)) <input type="checkbox"/> Owner <input type="checkbox"/> Operator	Approx date became owner or operator: Approx date ceased as owner or operator:
	Name:	
	Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____	
	B. (check applicable box(es)) <input type="checkbox"/> Owner <input type="checkbox"/> Operator	Approx date became owner &/or operator: Approx date ceased as owner &/or operator:
	Name:	
	Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____	
C. (check applicable box(es)) <input type="checkbox"/> Owner <input type="checkbox"/> Operator	Approx date became owner or operator: Approx date ceased as owner or operator:	
Name:		
Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		

X. Type of Regulated Waste Activity: You must put an "X" in the appropriate box(es) for the current regulated waste activity. The date of the signature in Section XI will be used as the date the regulated waste activity(ies) you check below began. However, in Box A1, if the activity began earlier than the signature date, enter the correct date after "Date activity began" in yyyyddmm format. If any other regulated waste activity(ies) in A.2 - A.8 or Box-E began earlier, write in the correct date(s) in XII Comments. The date a certain activity began can subject the site to different requirements, such as annual user charges. If your activity(ies) change during the year a 'Subsequent Site Identification' form should be submitted indicating the change.

A. Hazardous Waste Activity(ies) at this location 1. Generator of hazardous waste (choose <u>one</u> of the following three categories a-c) <input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or <input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or <input type="checkbox"/> c. CESQG: Less than 100 kg/mo of non-acute hazardous waste Date activity began: _____	3. Designated facility (hazardous waste received from off-site) <input type="checkbox"/> a. Treats or treated waste on-site at this location <input type="checkbox"/> b. Stores or stored waste on-site at this location <input type="checkbox"/> c. Disposes of or disposed of waste on-site at this location <input type="checkbox"/> d. Recycles recyclable materials on-site at this location [requires submittal of Part A & permit] <input type="checkbox"/> 4. Underground injection well on-site at this location <input type="checkbox"/> 5. Import agent for hazardous waste <input type="checkbox"/> 6. Generates mixed radioactive waste on-site at this location <input type="checkbox"/> 7. Accepts hazardous waste from CESQG & accumulates over 1000kg on-site at this location
For items 2 through 8, check all that apply 2. Transporter of hazardous waste <input type="checkbox"/> a. Transport hazardous waste <input type="checkbox"/> b. Commingle waste <input type="checkbox"/> c. Offloads during transportation [may require a permit & registration]	8. Exempt boiler and/or Industrial Furnace on-site at this location <input type="checkbox"/> a. Smelting, melting, and refining furnace exemption <input type="checkbox"/> b. Small quantity on-site burner exemption B. Polychlorinated biphenyls (PCBs) generated at this location. <input type="checkbox"/> Generated an item, product, or material containing a concentration equal to or greater than 100 ppm of PCB

Regulated Waste Activity section continues; see next page

X. Type of Regulated Waste Activity - CONTINUED

C. Used Oil Activities at this location, check all that apply: (used oil generator only - go to E.)
[see comments for additional information]

1. Used Oil Fuel Marketer
 a. Marketer who directs shipments of off-specification used oil to used oil burner.
 b. Marketer who first claims the used oil meets the specifications.

2. Off-specification Used Oil Burner

3. Used Oil Transporter (check one only)
 a. Transporter only
 b. Transporter with transfer facility
[requires a permit & registration]

4. Used Oil Processor
 5. Used Oil Re-refiner
 6. Used Oil Collection or Aggregation Point
 7. Collection Center or Aggregation Point that accepts DIY Used Oil

D Universal Waste Activities at this location, check all that apply:

1. Large Quantity Handler: check the box(es) for the universal wastes generated or accumulated

<u>type of universal waste</u>	<u>generating</u>	<u>accumulating over 5,000kg</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Thermometers	<input type="checkbox"/>	<input type="checkbox"/>
d. Devices containing elemental mercury	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Switches	<input type="checkbox"/>	<input type="checkbox"/>
f. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
g. Electric Lamps	<input type="checkbox"/>	<input type="checkbox"/>
h. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
i. Consumer Electronics	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)

E. Liquid Industrial Waste Activities at this location, check all that apply: (not hazardous waste activity)

1. Liquid Industrial Waste Transporter
[requires a permit & registration]

2. Transporting own waste
 3. Liquid Industrial Waste Generator
 4. Liquid Industrial Waste Designated Facility

F.

1. The site is still in business at this location but generation of waste or any other regulated waste activity has ceased as of (date) (mm/dd/yyyy): _____

2. The site is out of business at this location and generation of waste or any other regulated waste activity has ceased as of (date) (mm/dd/yyyy): _____

XI. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature of owner, operator, or authorized representative

Name and Official Title (type or print)

Name

Title

Date Signed (mm-dd-yyyy)

XII. Comments:

To review the current regulated waste activity at this location please log into to the public website at <http://www.deqstate.mi.us/wdsp>