



SITE IDENTIFICATION FORM

*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.*

1. Reason for Submittal (Select only one)

<input type="checkbox"/>	Obtaining an initial United States Environmental Protection Agency (EPA) Identification (ID) number for an on-going regulated activity that will continue for a period of time. Fax this form, with a copy of the receipt from paying the \$50 fee on-line using a MasterCard, VISA, or Discover Card at (https://www.thepayplace.com/mi/deq/siteid), to fax number 517-335-0564; or mail the form with a check made payable to the State of Michigan to: Michigan Department of Environmental Quality (MDEQ), Cashier's Office – HWUC, P.O. Box 30657, Lansing, Michigan 48909-7741.
<input type="checkbox"/>	Submitting a subsequent notification to change, update, or verify site information for an existing owner of a site with a previously issued Site ID number. Mail to MDEQ, Waste Management and Radiological Protection Division (WMRPD), Management and Tracking Unit, P.O. Box 30241, Lansing, Michigan 48909-7741.
<input type="checkbox"/>	Site was a TSD facility and/or generator of less than 1,000 kilograms (kg) of hazardous waste, less than 1 kg of acute hazardous waste, or .100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year.
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this site (end date _____). NO LONGER GENERATING WASTE
<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 Form.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Biennial Report.

2. Site EPA ID Number (Leave blank when obtaining an initial EPA ID number)

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3. Site Legal Name

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4. Site Specific Name

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5. Site Location Address

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

6. Site Mailing Address

Same as Location Address

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

7. Site Land Type (check one)

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 <input type="checkbox"/>
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Site ID # _____

8. Federal Tax ID # (REQUIRED)

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**9. North American Industry Classification System (NAICS) Code(s) for the Site
(at least one 6-digit code – REQUIRED)**

A.	B.
C.	D.

10. Site Contact Information

Same as Location Address

First Name	MI	Last Name
Title		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax

11. Legal Owner and Operator of the Site

Name of Site's Legal Owner

Same as Location Address

Approximate date became owner _____ **Approximate date ceased as owner** _____

First Name	MI	Last Name
Title		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax

Site ID # _____

Name of Site's Legal Operator Same as Location Address

Approximate date became operator _____ Approximate date ceased as operator _____

First Name	MI	Last Name
Title		
Street Address		
City, Town or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax

12. 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.

Hazardous Waste Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	Generator of Hazardous Waste – If "Yes", mark only one of the following:	
<input type="checkbox"/> Date activity began	Large Quantity Generator (LQG)	-Generates, in any calendar month (includes quantities imported by importer site), 1,000 kg per month (mo) (2,200 pounds (lb)/mo) or more of non-acute hazardous waste; 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"/> Date activity began	Small Quantity Generator (SQG)	100 to 1,000 kg/mo (220 to 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"/> Date activity began	Very Small Quantity Generator (VSQG)	Less than, or equal to, 100 kg/mo (220 lb/mo) of non-acute hazardous waste
If "Yes" above, indicate other generator activities in boxes below, as applicable		
<input type="checkbox"/> Y <input type="checkbox"/> N	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.	
<input type="checkbox"/> Y <input type="checkbox"/> N	Mixed Waste (hazardous and radioactive) Generator	
<input type="checkbox"/> Y <input type="checkbox"/> N	Treater, Stores or Disposer of Hazardous Waste – Note: A hazardous waste Part B permit is required for these activities	
<input type="checkbox"/> Y <input type="checkbox"/> N	Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input type="checkbox"/> N	Recycler of Hazardous Waste	
	<input type="checkbox"/> Recycler who stores prior to recycling	
	<input type="checkbox"/> Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input type="checkbox"/> N	Exempt Boiler and/or Industrial Furnace – If "Yes", mark all that apply.	
	<input type="checkbox"/> Small Quantity On-site Burner Exemption	
	<input type="checkbox"/> Smelting, Melting, and Refining Furnace Exemption	

Site ID # _____

Waste Codes for Federally Regulated Hazardous Waste. 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, D002, F007, U112). Use an additional page if more spaces are needed.

Waste Codes for State Regulated (non-Federal) Hazardous Waste. 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. Use an additional page if more spaces are needed.

13. Additional Regulated Waste Activities

Other Waste Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	Transporter of Hazardous Waste – If “Yes”, mark all that apply. (May require permits or registration)
	<input type="checkbox"/> Transporter
	<input type="checkbox"/> Transfer Facility (at your site)
<input type="checkbox"/> Y <input type="checkbox"/> N	Underground injection Control
<input type="checkbox"/> Y <input type="checkbox"/> N	United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input type="checkbox"/> N	Recognized Trader – If “Yes”, mark all that apply
	<input type="checkbox"/> Importer
	<input type="checkbox"/> Exporter
<input type="checkbox"/> Y <input type="checkbox"/> N	Importer/Exporter of Spent Lead-Acid Batteries (SLABs under 40 Code of Federal Regulations 266 Subpart G) - If “Yes” , mark all that apply.
	<input type="checkbox"/> Importer
	<input type="checkbox"/> Exporter

Site ID # _____

Universal Waste Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) – If “Yes”, mark all that apply. Note: Refer to state regulations to determine what is regulated.
	<input type="checkbox"/> Batteries
	<input type="checkbox"/> Thermostats
	<input type="checkbox"/> Mercury Thermometers
	<input type="checkbox"/> Devices containing elemental mercury
	<input type="checkbox"/> Mercury Switches
	<input type="checkbox"/> Pesticides
	<input type="checkbox"/> Electric Lamps
	<input type="checkbox"/> Pharmaceuticals
	<input type="checkbox"/> Consumer Electronics
<input type="checkbox"/> Y <input type="checkbox"/> N	Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)

Used Oil Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	Used Oil Transporter – If “Yes”, mark all that apply.
	<input type="checkbox"/> Transporter
	<input type="checkbox"/> Transfer Facility (at your site)
<input type="checkbox"/> Y <input type="checkbox"/> N	Used Oil Processor and/or Re-refiner – If “Yes,” mark all that apply.
	<input type="checkbox"/> Processor
	<input type="checkbox"/> Re-refiner
<input type="checkbox"/> Y <input type="checkbox"/> N	Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input type="checkbox"/> N	Used Oil Fuel Marketer – If “Yes”, mark all that apply.
	<input type="checkbox"/> Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
	<input type="checkbox"/> Marketer Who First Claims the Used Oil Meets the Specifications
<input type="checkbox"/> Y <input type="checkbox"/> N	Used Oil Processor
<input type="checkbox"/> Y <input type="checkbox"/> N	Used Oil Collection or Aggregation Point
<input type="checkbox"/> Y <input type="checkbox"/> N	Collection Center or Aggregation Point that accepts DIY Used Oil

Liquid Industrial By-Product Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	Liquid Industrial By-Product Transporter – If “Yes”, mark all that apply. (requires Permit & Registration)
	<input type="checkbox"/> Transporter. Date Activity Began:
	<input type="checkbox"/> Transfer Facility (at your site). Date Activity Began:
<input type="checkbox"/> Y <input type="checkbox"/> N	Transports Own Waste. Date Activity Began:
<input type="checkbox"/> Y <input type="checkbox"/> N	Liquid Industrial Waste By-Product Generator. Date Activity Began:
<input type="checkbox"/> Y <input type="checkbox"/> N	Liquid Industrial By-Product Designated Facility. Date Activity Began:

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

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

15. Episodic Generation

<input type="checkbox"/> Y <input 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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Site ID # _____

16. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input 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 VSQGs hazardous waste.
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17. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional OR Entire Facility {Required})

<input type="checkbox"/> Y <input type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility
	<input type="checkbox"/> Central Accumulation Area (CAA) or Entire Facility
	<input type="checkbox"/> Expected Closure date: (mm/dd/yyyy)
	<input type="checkbox"/> Requesting new closure date: (mm/dd/yyyy)
	<input type="checkbox"/> Date Closed: (mm/dd/yyyy)
	<input type="checkbox"/> In compliance with the closure performance standards 40 CFR 262.17(a)(8)
	<input type="checkbox"/> Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

18. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input type="checkbox"/> N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing HSM under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input type="checkbox"/> N	Are you notifying under 40 CFR 260.53(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to, or unable to be compared to, a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in the Comments section (Number 19, below). You must also document that your recycling is still legitimate and maintain that documentation on site.

19. Electronic Manifest Broker

<input type="checkbox"/> Y <input 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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20. Comments (include item number for each comment)

Site ID # _____

21. 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)
Printed Name (First, Middle Initial, Last)	Title
Email	

Signature of legal owner, operator, or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial, Last)	Title
Email	

Site ID # _____

**ADDENDUM TO THE SITE IDENTIFICATION FORM
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY**

ONLY FILL OUT THIS FORM IF:

You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under rule R 299.9204 (1)(aa), (bb) or (cc) of Part 111, (or federal equivalent);

AND

- You are or will be managing excluded HSM in compliance with rules R 299.9202 (6)(a – f), or R 299.9204 (1)(aa – cc) (or federal equivalent), or have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section. Note: if your facility was granted a solid waste variance under rules R 299.9202 (6)(a – f) prior to July 13, 2015, your management of HSM under rules R 299.9202 (6)(a – f) is grandfathered under the previous regulations and you are not required to notify for the HWM management activity excluded under rules R 299.9202 (6)(a – f).

Reason for Notification (include dates where requested)

Facility will begin managing excluded HSM as of _____ . (mm/dd/yyyy)

Facility is still managing excluded HSM/re-notifying, as required, by March 1 of each even-numbered year.

Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

Description of Excluded HSM Activity: Please list the appropriate codes (see Code List section of the instructions) and quantities, in short tons, to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

Facility Code	Waste Codes for HSM	Estimate Short Tons of Excluded HSM to be Managed Annually	Actual Short Tons Of Excluded HSM That Was Managed During The Most Recent Odd-numbered Year	Land-based Unit Code

Site ID # _____

**ADDENDUM TO THE SITE IDENTIFICATION FORM
EPISODIC GENERATOR**

ONLY fill out this form if:

You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category pursuant to 40 CFR 2262, Subpart 1. Note: Only one planned and one unplanned episodic event are allowed within one year. Otherwise, you must follow the requirements of the higher generator category. Use additional pages if more space is needed.

Episodic Event

Planned Excess chemical inventory removal Tank Cleanouts Short-term construction or demolition Equipment maintenance during plant shutdowns Other _____	Unplanned Accidental Spills Production process upsets Product recalls "Acts of nature" (Tornado, hurricane, flood, etc.) Other _____
Emergency Contact Phone	Emergency Contact Name
Beginning Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

Waste 1

Waste Description	Estimated Quantity (in pounds)
Federal and/or State Hazardous Waste Codes	

Waste 2

Waste Description	Estimated Quantity (in pounds)
Federal and/or State Hazardous Waste Codes	

Waste 3

Waste Description	Estimated Quantity (in pounds)
Federal and/or State Hazardous Waste Codes	

Site ID # _____

**ADDENDUM TO THE SITE IDENTIFICATION FORM
LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE**

ONLY fill out this form if:

You are an LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

VSQG 1

Site ID Number (if assigned)	Name	
Street Address		
City, Town, or Village	State	Zip Code
Contact Phone Number	Contact Name	
Email		

VSQG 2

Site ID Number (if assigned)	Name	
Street Address		
City, Town, or Village	State	Zip Code
Contact Phone Number	Contact Name	
Email		

VSQG 3

Site ID Number (if assigned)	Name	
Street Address		
City, Town, or Village	State	Zip Code
Contact Phone Number	Contact Name	
Email		