MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Materials Management Division

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.

You must save this file to your computer before completing the form.

1. Reason for Submittal (Check only one)

Check Box	Reason for Submittal
☐	Obtaining an initial Site Identification (Site ID), number, as a new site or new owner, for an on-going regulated activity that will continue for a period of time. **Fees do not apply to liquid industrial by-product (LIB), only sites.** • Pay the **$50 fee** on-line using MasterCard, VISA, or Discover Card at https://www.thepayplace.com/mi/deq/siteid. • For the payment Verification Code, contact EGLE-MMD-Site-ID-Reporting@Michigan.gov or 517-614-0784. • Email the form with a copy of the fee receipt to EGLE-MMD-Site-ID-Reporting@Michigan.gov, or mail the form with check payable to the State of Michigan to Michigan Department of Environment, Great Lakes and Energy (EGLE), Cashier's Office–HWUC, P.O. Box 30657, Lansing, Michigan 48909-7741.
☐	Submitting a subsequent notification to change, update, or verify site information for a current owner or operator of a site with a previously issued Site ID number. Email to EGLE-MMD-Site-ID-Reporting@Michigan.gov.
☐	*Notification that site is no longer generating hazardous waste-End Date Required: _____ ☐ Site is out of business-End Date Required: _____ ☐ Site is still in business. Authorized Signature: _____ Date: _____ *Email completed pages 1-3 to EGLE-MMD-Site-ID-Reporting@Michigan.gov.
☐	*Addendum page(s) submittal (*Check all that apply*): ☐ Hazardous Secondary Material (HSM) Activity (*See page 11*). ☐ Episodic Event Generator (*See page 12*). ☐ LQG Consolidation of VSQG Hazardous Waste (*See page 14*). *Email completed form and any applicable addendum pages, to EGLE-MMD-Site-ID-Reporting@Michigan.gov.
☐	Obtaining or updating a Site ID number for conducting electronic manifest broker activities.
☐	Submitting a new or revised Part A Form.
☐	Submitting as component of the Hazardous Waste Biennial Report for Reporting Year: _____.

Site ID Number: _____

Check Box	Reason for Submittal
☐	Former TSD facility, reverse distributor, and/or generator of less than 1,000 kilograms (kg) hazardous waste, less than 1 kg acute hazardous waste, or 100 kg acute hazardous waste spill cleanup in one or more months of the reporting year.

2. Site ID Number

Site ID Number: _____

3. Site Legal Name

Site Legal Name: _____

4. Site Specific Name

Site Specific Name: _____

5. Site Location Address

Street Address: _____

Street Address (room/suite/mail code): _____

City, Town, Village: _____ County: _____

State: _____ Country: _____ ZIP Code: _____

6. Site Mailing Address ☐ **Same as Location Address**

Street Address: _____

Street Address (room/suite/mail code): _____

City, Town, Village: _____ County: _____

State: _____ Country: _____ ZIP Code: _____

7. Federal Tax ID Number

Federal Tax ID Number (Required): _____

8. Site Land Type (Check one)

☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal

☐ Municipal ☐ State ☐ Other: _____

Site ID Number: _____

9. North American Industry Classification System (NAICS) at least one 6-digit code (Required)

A. _____

B. _____

C. _____

D. _____

10. Site Contact Information ☐ **Same as Location Address**

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City, Town, Village: _____

State: _____ Country: _____ ZIP Code: _____

Email: _____

Phone: _____ Ext: _____ Fax: _____

11. Name of Site's Legal Owner (Company or Individual)

Approximate date became owner: _____

☐ **Change in Ownership** ☐ **Same as Site Mailing Address**

Full Name: _____

Street Address: _____

City, Town, Village: _____

State: _____ Country: _____ ZIP Code: _____

Email: _____

Phone: _____ Ext: _____ Fax: _____

12. Name of Site's Legal Operator (Company or Individual)

Approximate date became operator: _____

☐ **Change in Operator** ☐ **Same as Site Specific Name/Address**

Full Name: _____

Street Address: _____

Site ID Number: _____

City, Town, Village: _____

State: _____ Country: _____ ZIP Code: _____

Email: _____

Phone: _____ Ext: _____ Fax: _____

13. Hazardous Waste Activities (Please complete all questions)

Date Activity Began: _____

Type of Regulated Waste Activity

1. Generator of Hazardous Waste. ☐ Yes ☐ No

   If "**Yes**", check only one of the following:

   ☐ Large Quantity Generator (LQG)
   - Generates, in any calendar month (mo), (includes quantities imported by importer site), 1,000 kg/mo (2,200 pounds (lb)/mo) or more of non-acute hazardous waste.
   - Generates, in any month or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste.
   - Generates, in any month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.

   ☐ 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

   ☐ Very Small Quantity Generator (VSQG)
   - Less than, or equal to, 100 kg/mo (220 lb/mo) of non-acute hazardous waste.

2. 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 (pages 9-10).

   ☐ Yes ☐ No

3. Treater, Stores or Disposer of Hazardous Waste. (*Hazardous waste operating license is required for these activities*)

   ☐ Yes ☐ No

4. Receives Hazardous Waste from Off-site.

☐ Yes ☐ No

5. Recycler of Hazardous Waste.

☐ Yes ☐ No

If "**Yes**", check only one.

☐ Stores prior to recycling.

☐ Does not store prior to recycling.

6. Exempt Boiler and/or Industrial Furnace.

☐ Yes ☐ No

If "**Yes**", check all that apply.

☐ Small quantity on-site burner exemption.

☐ Smelting, melting, and refining furnace exemption.

Federal Hazardous Waste Codes: List the federal hazardous waste codes 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 space needed.

State Hazardous Waste Codes: List the state hazardous waste codes handled at your site in the order they are presented in the regulations. Use an additional page if more space needed.

Site ID Number: _____

14. Additional Regulated Waste – Other Waste Activities

Transporter of Hazardous Waste. ☐ Yes ☐ No

If **"Yes"**, check all that apply. (*May require permits or registration*)

☐ Transporter

☐ Transfer Facility (at your site)

Commingle Waste ☐ Yes ☐ No

Off Loads During Transportation ☐ Yes ☐ No

Underground Injection Control ☐ Yes ☐ No

United States (U.S.) Importer of Hazardous Waste ☐ Yes ☐ No

Recognized Trader ☐ Yes ☐ No

If "**Yes**", check all that apply.

☐ Importer

☐ Exporter

Importer/Exporter of Spent Lead-Acid Batteries (SLAB under R 299.9804). ☐ Yes ☐ No

If "**Yes**", check all that apply.

☐ Importer

☐ Exporter

Universal Waste Activities

Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more). ☐ Yes ☐ No

If "**Yes**", check all that apply. (*Refer to state regulations to determine what is regulated*)

☐ Batteries ☐ Pesticides ☐ Thermostats ☐ Mercury switches

☐ Mercury Thermometers ☐ Devices containing elemental mercury

☐ Electric lamps ☐ Consumer electronics ☐ Antifreeze as defined in R 299.9101

Destination Facility of Universal Waste. *(Hazardous waste operating license may be required for this activity)*

☐ Yes ☐ No

Site ID Number: _____

Used Oil Activities

Used Oil Transporter. ☐ Yes ☐ No

If "**Yes**", check all that apply.

☐ Transporter

☐ Transfer facility (at your site).

Used Oil Processor and/or Re-Refiner. ☐ Yes ☐ No

If "**Yes**", check all that apply.

☐ Processor – Date Activity Began: _____

☐ Re-Refiner – Date Activity Began: _____

Off-Specification Used Oil Burner. ☐ Yes ☐ No

Date Activity Began: _____

Used Oil Fuel Marketer. ☐ Yes ☐ No

If "**Yes**", check all that apply.

☐ Marketer who directs shipment of off-specification used oil to off-specification used oil burner – Date Activity Began: _____

☐ Marketer who first claims used oil meets the specifications – Date Activity Began: _____

Used Oil Collection or Aggregation Point ☐ Yes ☐ No

Collection Center or Aggregation Point that accepts DIY Used Oil ☐ Yes ☐ No

Pharmaceuticals and Electronic Nicotine Delivery Systems (ENDS) Activities

Operating under R 299.9824 to R 299.9833 for the management of hazardous waste pharmaceuticals and ENDS.

☐ Yes ☐ No

If "**Yes**", check all that apply.

☐ Healthcare facility (*See definition in R 299.9104(l)) and/or* ☐ ENDS retailer (*See definition in R 299.9103(e)).*

OR

☐ Reverse distributor (*See definition in R 299.9107(p)*).

Site ID Number: _____

Withdrawing from operating under R 299.9824 to R 299.9833 for the management of hazardous waste pharmaceuticals and ENDS. Note: You may only withdraw if you are a healthcare facility or ENDS retailer that is a VSQG for all your hazardous waste, including hazardous waste pharmaceuticals and ENDS.

☐ Yes ☐ No

LIB Activities

LIB Transporter. ☐ Yes ☐ No

If "**Yes**", check all that apply. (*Requires permit and registration*)

☐ Transporter – Date Activity Began: _____

☐ Transfer facility (at your site) – Date Activity Began: _____

Transports own waste. ☐ Yes ☐ No

Date Activity Began: _____

LIB Generator ☐ Yes ☐ No

Date Activity Began: _____

LIB Designated Facility ☐ Yes ☐ No

Date Activity Began: _____

15. Eligible Academic Entities with Laboratories (Notification for opting into or withdrawing from managing laboratory hazardous waste pursuant to R 299.9315)

Opting into, or currently operating under, R 299.9315, for the management of hazardous waste in laboratories.

☐ Yes ☐ No

If "**Yes**", check all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.

☐ College or university.

☐ Teaching hospital that is owned by, or has a formal written affiliation with, a college or university.

☐ Non-profit institute that is owned by, or has a formal written affiliation with, a college or university.

Site ID Number: _____

Withdrawing from R 299.9315 for the management of hazardous waste in laboratories.

☐ Yes ☐ No

16. Notification of LQG Site Closure for a Central Accumulation Area (Optional) OR Entire Facility (Required)

LQG Site Closure of a Central Accumulation Area, or Entire Facility.

☐ Yes ☐ No

☐ Central Accumulation Area

☐ Entire Facility

Expected Closure Date: _____

Requested New Closure Date: _____

Date Closed: _____

In compliance with the closure performance standards R 299.9307(1)(k).

☐ Yes ☐ No

17. Electronic Manifest Broker

Are you notifying as a person electing to use the U.S. Environmental Protection Agency electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

☐ Yes ☐ No

18. Comments (Include item number for each comment)

Site ID Number: _____

19. 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 Michigan Hazardous Waste Management Facility Operating License Application, all owners and operators must sign (See 40 CFR 270.11 which Michigan adopts by reference).

Signature of legal owner or authorized representative Date

Printed Name (First, Middle Initial, Last): _____

Title: _____

Email: _____

Signature of legal owner or authorized representative Date

Printed Name (First, Middle Initial, Last): _____

Title: _____

Email: _____

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.

Site ID Number: _____

Addendum to the Site Identification Form

Hazardous Secondary Materials Activity

Only fill out this form if:
You are located in a state that allows you to manage excluded Hazardous Secondary Materials (HSM), under R 299.9204(1)(aa)-(dd);

And:
You are or will be managing excluded HSM in compliance with R 299.9202(6)(a)-(f), or R 299.9204(1)(aa)-(dd) (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 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

Check only one and include date if requested.

☐ Facility will begin managing excluded HSM as of date: _____

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

☐ Facility has stopped managing excluded HSM as of date: _____ 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 waste). Use additional pages if more space is needed.

Facility Code	HSM Waste Code	Estimated Short Tons of Excluded HSM Managed Annually	Actual Short Tons of Excluded HSM Managed During the Most Recent Odd-numbered Year	Land-Based Unit Code

Site ID Number: _____

Facility Code	HSM Waste Code	Estimated Short Tons of Excluded HSM Managed Annually	Actual Short Tons of Excluded HSM Managed During the Most Recent Odd-numbered Year	Land-Based Unit Code

Site ID Number: _____

Addendum to the Site Identification Form

Episodic Event Generator

Only fill out this form if:
You are a 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 R 299.9316. 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.

Type of Episodic Event (Check either "Planned" or "Unplanned")

☐ **Planned** (Requires **30 days** prior notification)

- ☐ Excess chemical inventory removal
- ☐ Tank cleanouts
- ☐ Short-term construction or demolition
- ☐ Equipment maintenance during plant shutdowns
- ☐ Other: _____

☐ **Unplanned** (Requires notification within **72 hours**)

- ☐ Accidental spills
- ☐ Production process upsets
- ☐ Product recalls
- ☐ "Acts of nature" (tornado, flood, etc.)
- ☐ Other: _____

Emergency Contact Phone: _____

Emergency Contact Name: _____

Event Begin Date: _____ Event End Date: _____

Waste 1

Waste Description: _____

Estimated Quantity (in pounds): _____

Federal and/or State Hazardous Waste Codes:

Site ID Number: _____

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:

Waste 4

Waste Description: _____

Estimated Quantity (in pounds): _____

Federal and/or State Hazardous Waste Codes:

Waste 5

Waste Description: _____

Estimated Quantity (in pounds): _____

Federal and/or State Hazardous Waste Codes:

Waste 6

Waste Description: _____

Estimated Quantity (in pounds): _____

Federal and/or State Hazardous Waste Codes:

Site ID Number: _____

Addendum to the Site Identification Form

LQG Consolidation of VSQG Hazardous Waste

Only fill out this form if:
You are a 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, Village: _____

State: _____ Country: _____ ZIP Code: _____

Contact Phone Number: _____ Contact Name: _____

Email: _____

VSQG 2

Site ID Number (if assigned): _____ Name: _____

Street Address: _____

City, Town, Village: _____

State: _____ Country: _____ ZIP Code: _____

Contact Phone Number: _____ Contact Name: _____

Email: _____

VSQG 3

Site ID Number (if assigned): _____ Name: _____

Street Address: _____

City, Town, Village: _____

State: _____ Country: _____ ZIP Code: _____

Contact Phone Number: _____ Contact Name: _____

Email: _____