


SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	<div style="text-align: center;">  <p>Guam Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p> </div>		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location) 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 (Amendment # _____) As a component of the Hazardous Waste Report (If marked, see sub-bullet below) Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. Site Name	Name:		
4. Site Location Information	Street Address:		
	City, Town, or Village:		County:
	State:	Country:	Zip Code:
5. Site Land Type	Private County District Federal Tribal Municipal State Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Site Mailing Address	Street or P.O. Box:		
	City, Town, or Village:		
	State:	Country:	Zip Code:
8. Site Contact Person	First Name:		MI: Last:
	Title:		
	Street or P.O. Box:		
	City, Town or Village:		
	State:	Country:	Zip Code:
	Email:		
	Phone:	Ext.:	Fax:
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner:		Date Became Owner:
	Owner Type: Private County District Federal Tribal Municipal State Other		
	Street or P.O. Box:		
	City, Town, or Village:		Phone:
	State:	Country:	Zip Code:
	B. Name of Site's Operator:		Date Became Operator:
	Operator Type: Private County District Federal Tribal Municipal State Other		

10. 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.**A. Hazardous Waste Activities; Complete all parts 1-7.**

Y	N	1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 100 kg/mo (220 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, 50 kg/mo (110 lbs./mo) of acute hazardous spill cleanup material. b. SQG: 50 to less than 100 kg/mo (110 – 219 lbs./mo) of non-acute hazardous waste. c. CESQG: Less than 50 kg/mo (109 lbs./mo) of non-acute hazardous waste. If "Yes" above, indicate other generator activities.	Y	N	2. Transporter of Hazardous Waste If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)
Y	N	d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	Y	N	3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.
Y	N	e. United States Importer of Hazardous Waste	Y	N	4. Recycler of Hazardous Waste
Y	N	f. Mixed Waste (hazardous and radioactive) Generator	Y	N	5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption
			Y	N	6. Underground Injection Control
			Y	N	7. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

Y	N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply. a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) _____ f. Other (specify) _____ g. Other (specify) _____
Y	N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y	N	1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)
Y	N	2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner
Y	N	3. Off-Specification Used Oil Burner
Y	N	4. Used Oil Fuel Marketer If "Yes", mark all that apply. 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

~~❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K.~~

- ~~1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories~~
~~**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**~~
- ~~a. College or University~~
 - ~~b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university~~
 - ~~c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university~~
- ~~2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories~~

<p>A. Waste Codes for Federally Regulated Hazardous Wastes. 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>

[illegible][illegible]

Y	N	<p>Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?</p> <p>If "Yes", you <u>must</u> fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.</p>
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[illegible]

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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: _____
_____EPA ID Number

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**GUAM ENVIRONMENTAL
PROTECTION AGENCY**

2010 Hazardous Waste Report

**GM
FORM****WASTE GENERATION
AND MANAGEMENT****Sec. 1** A. Waste description:

B. EPA hazardous waste code(s)

C. State hazardous waste code(s)

D. Source code

G		
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Management Method code for Source code G25

H		
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E. Form code

W		
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F. Quantity generated in 2010

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UOM

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Density

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☐ lbs/gal ☐ sgG. Waste
minimization code

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Sec. 2 Was any of this waste managed on site?

- ☐
- Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
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- ☐
- No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2010

H			
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ON-SITE PROCESS SYSTEM 2On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2010

H			
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Sec. 3 A. Was any of this waste shipped off site in 2010 for treatment, disposal, or recycling?

- ☐
- Yes (CONTINUE TO ITEM B)
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- ☐
- No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste was shipped

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C. Off-site Management
Method code shipped to

H		
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D. Total quantity shipped in 2010

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Site 2 B. EPA ID No. of facility to which waste was shipped

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C. Off-site Management
Method code shipped to

H		
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D. Total quantity shipped in 2010

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Site 3 B. EPA ID No. of facility to which waste was shipped

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C. Off-site Management
Method code shipped to

H		
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D. Total quantity shipped in 2010

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Comments:

INSTRUCTIONS FOR FILLING OUT THE OI FORM – OFF-SITE IDENTIFICATION

Who Must Submit this Form

Sites required to file the 2010 Hazardous Waste Report must submit the OI Form if:

- The OI Form is required by your State; **AND**
- The site received hazardous waste from off-site or sent hazardous waste off-site during 2010.

Purpose of this Form

The OI Form documents the names and addresses of off-site installations and transporters.

How to Fill out this Form

The OI Form is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 2010. If these off-site installations and transporters total more than four, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., “Other” responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and item letter to which the comment refers.

Item-By-Item Instructions

Complete Items A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 2010. Complete Items A through C for each transporter you used during the year (address in Item D is not required for transporters).

Item A – EPA ID No. of Off-site Installation or Transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 2010, leave blank if this item is not applicable or “don’t know” in Item A and note the reason in the Comments section.

Item B – Name of Off-Site Installation or Transporter

Enter the name of the off-site installation or transporter reported in Item A.

Item C – Handler Type

Place an “X” in all boxes that apply to the handler type (i.e., generator, transporter, or receiving facility) of the off-site installation or transporter reported in Item A.

Item D – Address of Off-site Installation

Enter the address of the off-site installation reported in Item A. If the EPA ID number reported in Item A refers to a transporter, leave blank if this item is not applicable or “don’t know” in Item D.

Request for Exemption from Filing the 2010 Hazardous Waste Report

If your site does **not** meet the criteria below, you are not required to file a Hazardous Waste Report for 2010. Please complete the information below for our record.

2010 ANNUAL REPORTING REQUIREMENTS

The site must be a Guam RCRA Large Quantity Generator in 2010
AND/OR

The site treated, stored, or disposed of RCRA Hazardous Wastes in 2010

This exemption request is for:

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For 2010 only

☐

Permanently

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Other - Explain

EPA ID No.

Site Name:

Site Location Address:

City:

State:

Zip Code:

Contact Name:

Telephone Number of Contact:

Signature:

Date:

Please return this form to:

**GUAM ENVIRONMENTAL PROTECTION AGENCY
POST OFFICE BOX 22439, GMF
Barrigada, Guam 96921**