


<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>	
<p>2. Site EPA ID Number</p>	<p>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"/></p>	
<p>3. Site Name</p>	<p>Name: <input type="text"/></p>	
<p>4. Site Location Information</p>	<p>Street Address: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	<p>County: <input type="text"/></p>
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
<p>5. Site Land Type</p>	<p><input type="checkbox"/> 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</p>	
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Zip Code: <input type="text"/></p>	
<p>8. Site Contact Person</p>	<p>First Name: <input type="text"/></p>	<p>MI: <input type="text"/></p>
	<p>Last: <input type="text"/></p>	
	<p>Title: <input type="text"/></p>	
	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Zip Code: <input type="text"/></p>	
	<p>Email: <input type="text"/></p>	
<p>Phone: <input type="text"/></p>	<p>Ext.: <input type="text"/></p>	<p>Fax: <input type="text"/></p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <input type="text"/></p>	
	<p>Date Became Owner: <input type="text"/></p>	
	<p>Owner Type: <input type="checkbox"/> 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</p>	
	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Phone: <input type="text"/></p>	
	<p>Zip Code: <input type="text"/></p>	
<p>B. Name of Site's Operator: <input type="text"/></p>		
<p>Date Became Operator: <input type="text"/></p>		
<p>Operator Type: <input type="checkbox"/> 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</p>		

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 1-10.

- 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, 1,000 kg/mo (2,200 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, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.
- If "Yes" above, indicate other generator activities in 2-10.

- Y N **2. 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. United States Importer of Hazardous Waste**
- Y N **4. Mixed Waste (hazardous and radioactive) Generator**

- Y N **5. Transporter of Hazardous Waste**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- Y N **7. Recycler of Hazardous Waste**
- Y N **8. 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 **9. Underground Injection Control**
- Y N **10. 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

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N 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)?


If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

This Form is being submitted as part of the RCRA Hazardous Waste Facility Permit renewal application

(Permit No. NM6213820974 Expiring 12/01/2015) for Fort Wingate Depot Activity, Gallup, NM.

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)
	William J. O'Donnell, II, Chief, Reserve, Industrial and Medical Branch	June 11, 2015

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 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you 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.

1. Indicate 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.

2. Description of excluded HSM activity. Please list the appropriate codes 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.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

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7. Process Codes and Design Capacities – Enter information in the Section on Form Page 3

- A. PROCESS CODE** – Enter the code from the list of process codes below that best describes each process to be used at the facility. If more lines are needed, attach a separate sheet of paper with the additional information. For “other” processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in Item 8.
- B. PROCESS DESIGN CAPACITY** – For each code entered in Item 7.A; enter the capacity of the process.
1. **AMOUNT** – Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
 2. **UNIT OF MEASURE** – For each amount entered in Item 7.B(1), enter the code in Item 7.B(2) from the list of unit of measure codes below that describes the unit of measure used. Select only from the units of measure in this list.
- C. PROCESS TOTAL NUMBER OF UNITS** – Enter the total number of units for each corresponding process code.

Process Code	Process	Appropriate Unit of Measure for Process Design Capacity	Process Code	Process	Appropriate Unit of Measure for Process Design Capacity
Disposal			Treatment (Continued)		
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day	T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Liters Per Hour; Kilograms Per Hour; or Million BTU Per Hour
D80	Landfill	Acre-feet; Hectares-meter; Acres; Cubic Meters; Hectares; Cubic Yards	T82	Lime Kiln	
D81	Land Treatment	Acres or Hectares	T83	Aggregate Kiln	
D82	Ocean Disposal	Gallons Per Day or Liters Per Day	T84	Phosphate Kiln	
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards	T85	Coke Oven	
D99	Other Disposal	Any Unit of Measure Listed Below	T86	Blast Furnace	
Storage			T87	Smelting, Melting, or Refining Furnace	
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards	T88	Titanium Dioxide Chloride Oxidation Reactor	
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards	T89	Methane Reforming Furnace	
S03	Waste Pile	Cubic Yards or Cubic Meters	T90	Pulping Liquor Recovery Furnace	
S04	Surface Impoundment	Gallons; Liters; Cubic Meters; or Cubic Yards	T91	Combustion Device Used in the Recovery of Sulfur Values from Spent Sulfuric Acid	
S05	Drip Pad	Gallons; Liters; Cubic Meters; Hectares; or Cubic Yards	T92	Halogen Acid Furnaces	
S06	Containment Building Storage	Cubic Yards or Cubic Meters	T93	Other Industrial Furnaces Listed in 40 CFR 260.10	
S99	Other Storage	Any Unit of Measure Listed Below	T94	Containment Building Treatment	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTU Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million BTU Per Hour
Treatment			Miscellaneous (Subpart X)		
T01	Tank Treatment	Gallons Per Day; Liters Per Day	X01	Open Burning/Open Detonation	Any Unit of Measure Listed Below
T02	Surface Impoundment	Gallons Per Day; Liters Per Day	X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Metric Tons Per Hour; or Million BTU Per Hour	X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Short Tons Per Day; BTUs Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour	X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; or Million BTU Per Hour	X99	Other Subpart X	Any Unit of Measure Listed Below

Unit of Measure	Unit of Measure Code	Unit of Measure	Unit of Measure Code
Gallons	G	Short Tons Per Hour	D
Gallons Per Hour.....	E	Short Tons Per Day	N
Gallons Per Day	U	Metric Tons Per Hour	W
Liters.....	L	Metric Tons Per Day	S
Liters Per Hour.....	H	Pounds Per Hour.....	J
Liters Per Day.....	V	Kilograms Per Hour.....	X
		Million BTU Per Hour.....	X
		Cubic Yards	Y
		Cubic Meters.....	C
		Acres.....	B
		Acre-feet	A
		Hectares.....	Q
		Hectare-meter	F
		BTU Per Hour.....	I

9. Description of Hazardous Wastes (Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES																
				(1) PROCESS CODES (Enter Code)					(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))											
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
1	0																			
1	1																			
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