



DEPARTMENT OF
ECOLOGY
State of Washington

Notification of Dangerous Waste Site Identification (ID) Form

Questions? For detailed instructions on filling out this form, see publication 18-04-037, [Dangerous Waste Site Identification Form Instructions](#).¹

Department of Ecology
HWTR Annual Reporting Team
PO Box 47658, Olympia WA 98504
Turbowaste@ecy.wa.gov, 1-800-874-2022

Ecology use only

Entered on: Verified by: District:

Latitude: Longitude:

- 1. Reason for Submittal:** New Notification of Regulated Waste Activity
 Reactivate Site Identification Number

Effective Date:

- 2. EPA/State ID Number (Ecology use only):**
-

- 3. Site Name:**

- 4. Site Location**

Street 1:

Street 2:

City:

State:

Zip:

County:

Country:

- 5. Site Land Type:** Federal State County Municipal
 District Private Tribal Other (specify in comments)

- 6. North American Industry Classification System (NAICS) Code:**

- 7. Site Mailing Address**

Street 1:

Street 2:

City:

State:

Zip:

Country:

¹ <https://fortress.wa.gov/ecy/publications/summarypages/1804037.html>

Accommodation Requests

To request materials in a format for the visually impaired, visit ecology.wa.gov/accessibility, call Ecology at 360-407-6700, Relay Service 711, or TTY 877-833-6341.

8. Site Contact

Name:

Street 1:

Street 2:

City:

State:

Zip:

Email:

Phone:

Ext:

9a. Legal Owner

The legal owner is the owner of the waste.

Legal Owner Type:	Federal	State	County	Municipal
	District	Private	Tribal	Other (specify in comments)

Name:

Street 1:

Street 2:

City:

State:

Zip:

Email:

Phone:

Ext:

Owner since:

9b. Land Owner

Land Owner Type:	Federal	State	County	Municipal
	District	Private	Tribal	Other (specify in comments)

Name:

Street 1:

Street 2:

City:

State:

Zip:

Email:

Phone:

Ext:

Owner since:

9c. Site Operator

Site Operator Type: Federal State County Municipal
 District Private Tribal Other (specify in comments)

Name:

Street 1:

Street 2:

City:

State:

Zip:

Email:

Phone:

Ext:

Operator since:

10. Dangerous waste activities

10a 1-2. Generator Category

Answers to questions 1 and 2 are required.

- | | |
|--|---|
| <p>1. State Generator of Dangerous Waste (choose one):</p> <ul style="list-style-type: none"> a. LQG: Large Quantity Generator (greater than 2,200 pounds per month) b. MQG: Medium Quantity Generator (between 220 – 2,200 pounds per month) c. SQG: Small Quantity Generator (less than 220 pounds per month) d. XQG: No regulated waste generated | <p>2. Federal Generator of Hazardous Waste (choose one):</p> <ul style="list-style-type: none"> a. LQG: Large Quantity Generator (greater than 2,200 pounds per month) b. SQG: Small Quantity Generator (between 220 – 2,200 pounds per month) c. VSQG: Very Small Quantity Generator (less than 220 pounds per month) d. NQG: No regulated waste generated |
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-
3. Short Term Generator. This answer is automatically reported as “no” to the U.S. Environmental Protection Agency.

10a 4-13. Dangerous Waste Activities On Site

Mark all dangerous waste activities that apply to your site.

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| <p>4. U.S. Importer of Dangerous Waste</p> | <p>6. Transporter of Dangerous Waste:</p> <ul style="list-style-type: none"> a. Transporter b. Transfer Facility |
| <p>5. Mixed Waste Generator (Dangerous and Radioactive)</p> | |

- | | |
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| <p>7. Designated Facility of Dangerous Waste (TSD) Requires a permit.</p> <p>8. Recycler of Dangerous Waste Received from Off-Site</p> <p style="margin-left: 20px;">a. Stores prior to recycling</p> <p style="margin-left: 20px;">b. Does not store prior to recycling</p> <p>9. Exempt Boiler and/or Industrial Furnace</p> <p style="margin-left: 20px;">a. Small quantity on-site burner exemption</p> <p style="margin-left: 20px;">b. Smelting, melting, refining furnace exemption</p> | <p>10. Underground Injection Control Requires a registered underground injection well.</p> <p>11. Receives Dangerous Waste from Off-Site</p> <p>12. Recognized Trader</p> <p style="margin-left: 20px;">a. Importer</p> <p style="margin-left: 20px;">b. Exporter</p> <p>13. Importer or exporter of Spent Lead Acid Batteries (SLABS)</p> <p style="margin-left: 20px;">a. Importer</p> <p style="margin-left: 20px;">b. Exporter</p> |
|--|--|

10b. Universal Waste Activities

Mark all universal waste activities that apply to your site in questions 1-2.

1. Large Quantity Handler of Universal Waste:
- a. Batteries b. Lamps c. Mercury containing equipment
2. Destination Facility for Universal Waste

10c. Used Oil Activities

Mark all used oil activities that apply to your site in questions 1-4.

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| <p>1. Off-specification Used Oil Burner</p> <p style="margin-left: 20px;">a. Utility boiler</p> <p style="margin-left: 20px;">b. Industrial boiler</p> <p style="margin-left: 20px;">c. Industrial furnace</p> <p>2. Used Oil Processor/Re-refiner</p> <p style="margin-left: 20px;">a. Processor</p> <p style="margin-left: 20px;">b. Re-refiner</p> | <p>3. Used Oil transporter</p> <p style="margin-left: 20px;">a. Transporter</p> <p style="margin-left: 20px;">b. Transfer facility</p> <p>4. Used Oil Fuel Marketer</p> <p style="margin-left: 20px;">a. Directs shipment of used oil to used oil burner</p> <p style="margin-left: 20px;">b. First claims the used oil meets the specifications</p> |
|---|--|

10d. Eligible Academic Entities with Laboratories

If you manage dangerous waste under the Academic Laboratory Rule (Subpart K), indicate the facility type in question 1. If you want to withdraw from the rule, check the box for question 2.

1. Yes, I am managing dangerous wastes under this rule as a:
- a. College or University
- b. Teaching hospital that is owned by (or has a formal written agreement with) a college or university.

c. Non-profit institute that is owned by (or has a formal written agreement with) a college or university.

2. I wish to withdraw from this rule.

10e 1-2. State Required Information

1. What is your Washington State Tax Registration (UBI) Number?
2. How frequently do you generate dangerous waste? (choose one)
 - a. Monthly
 - b. Batch
 - c. Spill Event
 - d. Clean-up: Remediation of past contamination

10e 3-8. State Waste Activities

Mark all state waste activities that apply to your site in questions 3-8.

- | | |
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| <ol style="list-style-type: none"> 3. Generator of special waste 4. Recycler of hazardous waste you generated on-site (i.e. on-site use, reuse or reclamation of a waste after it was generated) 5. Permit-by-Rule (PBR) 6. Treatment by Generator (TBG)
(indicate TBG activities in the comments section below) 7. Transport your own waste (SQG and VSQG only) | <ol style="list-style-type: none"> 8. Dangerous Waste Fuel Activities <ol style="list-style-type: none"> a. Generator of dangerous waste fuel b. Generator marketing to burner c. Other marketers (i.e. blender, distributor, etc.) d. Burner (indicate type of combustion unit) <ol style="list-style-type: none"> i. Utility boiler ii. Industrial boiler iii. Industrial furnace |
|---|---|

Waste Codes for Regulated Wastes

11. Waste Codes for Federally Regulated Hazardous Wastes

For example, D001, D002, D003, etc. Use the comments section below if you need more room.

12. Waste Codes for State Regulated (non-Federal) Dangerous Wastes

For example, WT02, WP02, WSC2, etc. Use the comments section below if you need more room.

Additional Regulated Waste Activities

- 13. Episodic Generator** (addendum is required)²
- 14. LQG Consolidation of SQG Dangerous Waste** (addendum is required)³
- 15. LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility**
- a. Closure Type: Central Accumulation Area Entire Facility
- b. Date Closed (MMDDYYYY):
- c. Requesting New Closure Date (MMDDYYYY):
(indicate reason you're requesting a new date in the comments section below)
- d. Compliance: In compliance Not in compliance
- e. Will Close as a Landfill:
- For containers, tanks, or containment building units.
- For drip pads.
- 16. Notification of Hazardous Secondary Material (HSM) activity** (addendum is required)⁴
- 17. Electronic Manifest Broker**

18. Pharmaceutical Activities

If you manage dangerous waste under the Pharmaceutical Requirements WAC 173-303-555, indicate the facility type in question a. If these requirements no longer apply, check the box in question b to withdraw.

- a. I am managing dangerous wastes under the requirements as a:
- Health care facility
- Reverse distributor
- b. I wish to withdraw from these requirements.

Note: If you are a Reverse Distributor, you may only withdraw from these requirements if you are also withdrawing your EPA/State ID number.

19. Comments

Attach additional pages if you need more room.

² <https://fortress.wa.gov/ecy/publications/summarypages/ecy070602.html>

³ <https://fortress.wa.gov/ecy/publications/summarypages/ecy070603.html>

⁴ Email turbowaste@ecy.wa.gov to request the HSM addendum.

20. 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 fine and imprisonment for knowing violations.

Print and sign this form. We cannot process it without a wet ink signature. Do not send scans or copies.

Signature:

Date:

Name (print or type):

Title:

Email address:

Mail to:

Department of Ecology
HWTR Annual Reporting Team
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