INSTRUCTIONS FOR PREPARING THE:
RCRA C SITE IDENTIFICATION FORM;
Notification of Hazardous Waste Activity
NH DES Waste Management Division–RIMS
PO Box 95, Concord, NH 03302-0095
(603) 271-2921 or hazwastereporting@des.nh.gov
www.des.nh.gov

What is the purpose of this form?
This form is used to notify the NH Department of Environmental Services (DES) of hazardous waste activities
taking place at sites located within New Hampshire. This form is designed to help hazardous waste generators
meet both the federal and state hazardous waste notification requirements, and the federal biennial report
requirements (if applicable). This form is also used to update any information previously supplied to DES.

Who must fill out this form?
The New Hampshire Hazardous Waste Rules require this information to be submitted by anyone that: generates
hazardous waste; transports hazardous waste; operates a treatment/storage/disposal/transfer facility of
hazardous waste; or imports/export hazardous waste. These activities include sites that manage 5,000 kg
(11,000 lbs) or more of combined universal waste on site at any one time and sites that manage or burn used oil.
Generators of used oil destined for recycling do not need to notify DES if this is the only hazardous waste activity
at the site.

An EPA identification number must be obtained before beginning hazardous waste generator activities. If you
need an EPA identification number immediately, you can call DES to obtain a preliminary identification number
that is valid for 30 days. This 30-day period should be sufficient to complete this form and return it to DES. Please
call (603) 271-2921 from 8 AM to 4 PM, Monday through Friday to request a preliminary number.

Where can I get help filling out this form?
In addition to these instructions, further guidance in filling out this form can be obtained by:
• visiting our web site at http://des.nh.gov/organization/divisions/waste/swmb/rims/index.htm (on the
  Forms page you will find sample forms and electronic versions of these documents); or
• calling (603) 271-2921 from 8 AM to 4 PM, Monday through Friday.

Where do I send this form once completed?
Please forward this form and any related correspondence to:

NH Department of Environmental Services
Waste Management Division–RIMS
PO Box 95
Concord NH 03302-0095

Or scan and email to: hazwastereporting@des.nh.gov

After I submit this form, will I hear back from you?
After your information has been entered into our database, you will receive a confirmation letter. If you do not
receive a confirmation letter within 30 days of submitting your form, please call (603) 271-2921.
To begin, please place your EPA identification number for your site in the box at the top of each page of the Notification Form. If your site has never been assigned a number, leave the box blank. Then continue through each item on the form.

<table>
<thead>
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<th>Item</th>
<th>Description</th>
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| Item 1 | Check the correct box to indicate the reason for submittal.  
**Initial Notification:** Place an “X” in this box if this is the first time a notification form has been submitted for this location. A change in ownership is considered an “initial notification.” Generators submitting an initial notification must pay a non-refundable fee of $150 to obtain their EPA ID number. (Political Subdivisions of the State of New Hampshire are exempt.) Make checks for $150 out to “Treasurer, State of New Hampshire.” Visa and MasterCard are also accepted. Please call (603)271-2921 to pay by credit card.  
**Subsequent Notification:** Place an “X” in this box if this form is to change information that was previously supplied. Please provide the reason for change on the line given (for example, “change of activities”). There is no fee for subsequent notification. |
| Item 2 | **Site Name:** Provide the legal company name of your site as it will appear on your manifests. If the company is doing business under another name (d/b/a), include this information on this line. |
| Item 3 | **Site Location Information:** Provide the complete location address (number, street, town and county) of the site. This must be a physical address and not a post office box or rural route number. Also, the town name must be a valid NH town, not a township. **Note:** Because EPA Identification Numbers are site-specific, a new number must be requested if a company changes its location. |
| Item 4 | **Site Land Type:** Place an “X” in the box that best describes the land type of your site. If you have a land type not listed, please check the “other” box and write the land type in the space provided. |
| Item 5 | **North American Industry Classification System (NAICS) Code(s):**  
**Box A** Provide the North American Industry Classification System (NAICS) code that best describes the primary products or services provided at your site.  
**Box B –D** List other NAICS codes that describe the primary products and services provided at your site. **Completing Boxes B-D is not mandatory.**  
You can obtain NAICS codes from the following sources.  
- NAICS web site at [http://www.naics.com](http://www.naics.com)  
- Income Tax Form 1120 series  
- Some libraries  
- DES (271-2921) |
| Item 6 | **Site Contact Person:** Enter the name, title, telephone number, extension and email (if available) of the person who should be contacted regarding this site’s hazardous waste activities. **DO NOT** list the name of your facility’s hazardous waste transporter or consultant. |
| Item 7 | **Site Mailing Address:** Please enter the site mailing address. If the mailing address and the location of site (Item 3) are the same, print “Same” in the box for Item 6. This is the address DES will use to send quarterly reports and correspondence to the contact person. Townships are valid for the mailing address. |
Item 8  
(a + b)  
**Legal Owner and/or Operator of the Site:**  

**Owner:** The person who owns the site or part of the site. This includes the property owner. This may be an individual, company or business name.  

**Operator:** The person responsible for the overall operation of the site. This is the legal entity that controls the site operation rather than the plant or site manager. This is usually a company or business name, not an individual.  

For all owners (a.) and operators (b.) of this site, please provide the following information. (Room is provided for one owner/operator; please list additional owners/operators in the comments section or attach additional sheets.)  

- Legal Name  
- Date Became an Owner/Operator (mm/dd/yyyy)  
- Complete mailing address  
- Phone number  

**Owner Type:** Place an “X” in the box that best describes the owner type. If you have an owner/operator type not listed, please write the appropriate owner/operator type in the space provided.  

Item 9  
**Type of Regulated Waste Activity:**  

**Item 9 A**  

**Hazardous Waste Activities:** Place an “X” in the appropriate box(es) to indicate which hazardous waste activities are conducted **at this site**. [Both the state and the federal categories are listed together to indicate the generator’s status in each system. New Hampshire fully regulates generators of 100 kg. or more per month whereas EPA’s full regulation is for generators of 1,000 kg. or more per month.] For Item 1, choose only one of the four generator categories, then indicate all other generator activities that apply. For boxes 2-4, please check all that apply. (Note: Waste numbers for acute hazardous wastes are listed in Tables 4.1, 4.2 and 4.5 of the **Hazardous Waste Rules**.)  

**NH Full Quantity Generator (FQG); Federal Large Quantity Generator (LQG)**  
Choose this box if your site meets **ANY** of the following criteria:  

- Generates in any calendar month 1,000 kg (2,200 lb) or more of non-acute hazardous waste  
- Generates in any calendar month or accumulates at any time 1 kg (2.2 lb) or more of acute hazardous waste  
- Generates in any calendar month, or accumulates at any time, 100 kg (220 lb) or more of spill cleanup material contaminated with acute hazardous waste  

**NH Full Quantity Generator (FQG); Federal Small Quantity Generator (SQG)**  
Choose this box if your site meets **ALL** of the following criteria:  

- Generates in each and every calendar month equal to or greater than 100 kg and less than 1,000 kg (220 lb to 2,200 lb) of non-acute hazardous waste  
- Generates in each and every calendar month, and accumulates at all times, less than 1 kg (2.2 lb) of acute hazardous waste  
- Generates in each and every calendar month, and accumulates at all times, less than 100 kg (220 lb) of spill cleanup material contaminated with acute hazardous waste  

**NH Small Quantity Generator (NHSQG); Federal Very SQG (VSQG)**  
Choose this box if your site meets **ALL** of the following criteria:  

- Generates in each and every calendar month less than 100 kg (220 lb) of non-acute hazardous waste  
- Generates in each and every calendar month, and accumulates at all times, less than 1 kg (2.2 lb) of acute hazardous waste  
- Generates in each and every calendar month, and accumulates at all times, less than 100 kg (220 lb) of spill cleanup material contaminated with acute hazardous waste
Not a Generator of Hazardous Waste
Choose this box if hazardous waste is not presently generated at your site. Note that temporary generation and the generation of mixed waste are covered next. If you generate used oil “for recycle only” and need to use your EPA ID number on a manifest, check this box.

Other regulated activities: Check all that apply.
*Precious Metal Recovery: Precious metals, such as silver from photo processing, are recovered on site.
*Emergency Temporary Generator: A spill or another unintended incident has resulted in a one-time need to manifest hazardous waste off-site. Numbers are valid for 30 days. There is no notification fee for one-time events. If you need a number for more than 30 days or wastes are generated on a regular basis, you must obtain a permanent ID number.
*Household Hazardous Waste Collector: Household hazardous waste is collected at this site.
*Mixed Waste Generator: You are a generator of mixed waste (waste that is both hazardous and radioactive). “Mixed waste” is defined as waste that contains both hazardous waste and source, special nuclear, or by-product material subject to the Atomic Energy Act (AEA), RCRA Section 1004(41), 42 U.S.C. 6903 (63 CFR 17414; April 9, 1998).
*Recognized Trader: If you are a recognized trader as defined in Env-Hw 501.03, indicate whether you are an importer, an exporter, or both.
*Importer/Exporter of Spent Lead-Acid Batteries: Indicate whether you are an importer, an exporter, or both.
*FQG Consolidation of NHSQG Waste: If you are an FQG and you wish to consolidate hazardous waste from a NHSQG under the same control, check this box and complete the Addendum on page 4 of the form. See additional instructions below.

Item 9 A 2 Transporter of Hazardous Waste: Do not check this box if your facility plans to hire another company to transport hazardous wastes from the site.
   a. Transporter: New Hampshire requires all companies that transport federal and state listed or characteristic hazardous wastes (including used oil) in and through the state to register with DES prior to such transportation. A registration form and the applicable NH Hazardous Waste Rules can be obtained by calling (603) 271-3203.
   b. Operate a transfer facility: You are a hazardous waste transfer facility, at your site, if you hold manifested hazardous waste at your site for a period of ten (10) days or less while the waste is in transit. A hazardous waste permit is required for this activity. Call our RCRA Permitting Engineer at (603) 271-5328 for more details.

Item 9 A 3 Treat, Store, or Dispose of Hazardous Waste (i.e. TSDF): Do not check this box if your facility plans to hire another company to dispose of the wastes from the site. If you treat, store, or dispose of regulated hazardous waste at this location, place an “X” in this box. (Burning hazardous wastes in boilers and industrial furnaces and storing hazardous wastes before recycling them fall into this category as well.) A hazardous waste permit is required for this activity. Call our RCRA Permitting Engineer at (603) 271-5328 for more details.

Item 9 A 4 Recycle Hazardous Waste: If you recycle regulated hazardous wastes at your site, place an “X” in this box. State regulations for owners or operators of sites that recycle hazardous wastes are found in Env-Hw 800. A hazardous waste permit may be required for this activity. Contact our RCRA Permitting Engineer at (603) 271-5328 for more details.

Item 9 B Universal Waste Activities – It is required that this box be completed only if your site has more than 5,000 kg. (11,000 lbs.) of Universal Waste on site at any one time. Batteries, certain pesticides, thermostats and fluorescent lamps are all federal universal wastes. NH adopted the federal Universal Wastes and also added antifreeze, mercury-containing devices and cathode ray tubes (CRTs) to the NH Universal Waste list. Universal wastes should not be counted toward generator size (box 9.A.1.).
Item 9 B 1 **Total quantity of all Universal Waste on site at any time:**
If you accumulate (through generation or collection) greater than 20,000 kg. (44,000 lbs.) total combined Universal Wastes, check this box. This is a *Very Large Quantity Handler* (VLQH) of Universal Waste.

If you accumulate greater than 5,000 kg. but less than 20,000 kg. (11,000 lbs. to 44,000 lbs.) total combined Universal Waste, check this box. This is a *Large Quantity Handler* (LQH) of Universal Waste.

*Note: It is not necessary to check any box if you accumulate less than 5,000 kg.*

Item 9 B 2 **Indicate the types of Universal Waste generated or accumulated at your site.** Mark an “X” in the appropriate box(es) to indicate what Universal Wastes are at your site; indicate which ones are accumulated and which one are generated.

Item 9 B 3 **Destination Facility for Universal Waste:** Mark an “X” in the box if you treat, dispose of or recycle any amount of Universal Wastes on-site. A hazardous waste permit is required if you treat or dispose of universal wastes; a permit may be required if you recycle Universal Wastes. Call our RCRA Permitting Engineering at (603) 271-5328 for more details.

Item 9 B 4 **Lamp handler intentionally crushing or dismantling lamps:** Check this box if any amount of fluorescent lamps are crushed or dismantled at your site. A hazardous waste permit is required for this activity. Call our RCRA Permitting Engineer at (603) 271-5328 for more details.

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**Item 9 C Used Oil Activities Only complete items in this section if you manage Used Oil.**

**Item 9 C 1 Used Oil Transporter:**
- a. **Transporter:** If you transport used oil from one facility, to another, place an “X” in this box. If you transport only used oil that you generate, this may not apply. Call 1(888) Take-Oil if you have questions.

- b. **Transfer Facility:** If you own or operate a transportation-related facility, including loading docks, parking areas, storage areas and other areas where shipments of used oil are held for more than 24 hours and less than 35 days during the normal course of transportation, place an “X” in this box.

**Item 9 C 2 Used Oil Processor and/or Re-refiner:** If you engage in the act of used oil processing, as defined in 40 CFR 279.50(a), or store used oil for greater than 35 days, place an “X” in the appropriate box. This does not include generators processing used oil generated on-site for on-site use.

**Item 9 C 3 Used Oil Burner:**
- a. **Off-Specification:** If you burn on-site used oil that does not meet the analytical standards of specification used oil, but satisfies the rebuttable presumption defined in 40 CFR 279.10(b)(1)(ii), place an “X” in this box.

- b. **Specification:** If you burn used oil that: meets the analytical standards for specification used oil; is generated by “Do-It-Yourselfers”; or is automotive oil generated on-site, place an “X” in this box.

**Item 9 C 4 Used Oil Fuel Marketer:** For each of the below activities, please indicate whether the activity is for Specification Used Oil (Spec) or Off-Specification Used Oil (Off-Spec).
- a. **Marketer who directs shipment of used oil to a used oil burner:** If you ship used oil from your facility to a used oil burner, place an “X” in this box. This does not include transporters who have not taken ownership of the used oil being transported or shipments to processors/re-refiners who only burn some used oil fuel for purposes of processing.

- b. **Marketer who collects and blends or processes used oil collected:** If you receive used oil from generators and produce, process, or blend used oil fuel from the used oils received, including sending blended or processed used oil to brokers or other intermediaries, place an “X” in this box.

- c. **Marketer who collects and distributes used oil collected:** If you distribute but do not process or blend used oil, place an “X” in this box. This includes transporters who take possession of the used oil they collect.
**Item 9 C**  
5. *Used Oil Collection Center accepting commercial oil*:  
If you accept used oil from a source other than household “Do-It-Yourselfers”, place an “X” in this box.

6. *Aggregation Point accepting for Do-It-Yourself oil*:  
If you receive only used oil generated by other sites or facilities under your ownership or operation, place an “X” in this box.

**Item 10**  
**Description of Hazardous Wastes:** List the appropriate waste name (e.g., waste petroleum naphtha, lead dust, alkaline solutions), the EPA and/or State waste numbers (as listed in Env-Hw 400 of the *Hazardous Waste Rules*), and the estimated *monthly* volume (in gallons) or weight (in pounds) of each hazardous waste which will be generated on a routine basis. Report the waste numbers in the following order; include all that apply. (An example of each is provided.)

1. EPA listed waste (F021)  
2. EPA characteristic waste (D001)  
3. NH listed wastes (NH01)  
4. Waste regulated by another State (MA99)

If you are unsure of wastes or waste number, contact your transporter or our Hazardous Waste Compliance Section at (603) 271-2942.

**Item 11**  
**FQG Certification:** Each hazardous waste generator that generates more than 220 pounds of hazardous waste in one month is required to have, on staff at the facility where the hazardous waste is generated, a Hazardous Waste Coordinator certified by DES. Enter the certificate number and the name of the primary coordinator at this site. Each FQG site must have only one designated primary coordinator that will be the first person DES inspectors will ask for when they arrive for an inspection. Any other certified coordinators at the same site will be secondary coordinators. In the event that the primary coordinator leaves the company, the generator shall notify DES of the new primary coordinator.

**SQG Self-Certification:** The Small Quantity Generator (SQG) Self-Certification Program requires each SQG to review its hazardous waste management procedures, conduct a self-inspection of its facility and certify compliance to DES every three years. If you have not yet self-certified, please contact the SQG Program at (603) 271-6425.

**Item 12**  
**Comments:** Please use the space in section 12 to provide any additional information. Attach additional sheets if necessary.

**Item 13**  
**Form Certification:** This certification must be signed by owner(s), operator(s), or other authorized representative(s) of the site. An “authorized representative” is a person responsible for the overall operation of the site (i.e., a plant manager or superintendent, or a person of equal responsibility).

**Addendum – FQG Consolidation of NHSQG Hazardous Waste**

Only complete the addendum if you are an FQG who wishes to consolidate hazardous waste from a NHSQG under the same control. For each NHSQG, provide the requested information. Notification must be provided to NHDES 30 days prior to receipt of the first shipment. See Env-Hw 501.02(c) and Env-Hw 509.02(l) for additional requirements.

**Item 1**  
**EPA ID Number:** Please provide the EPA Identification Number for the NHSQG whose waste you are consolidating.

**Item 2**  
**NHSQG Site Name:** Provide the legal company name of the NHSQG site. If the company is doing business under another name (d/b/a), include this information on this line.

**Items 3-6**  
**NHSQG Site Location:** Provide the complete location address (number, street, town and county) of the NHSQG site. This must be a physical address and not a post office box or rural route number. Also, the town name must be a valid NH town, not a township.

**Items 7-9**  
**NHSQG Contact Information:** Enter the telephone number, name of the individual who should be contacted for information about the NHSQG, and their email address (if available).