

MAIL THE COMPLETED FORM

TO: Ohio EPA, DERR  
P.O. Box 1049  
Columbus, OH  
43216-1049



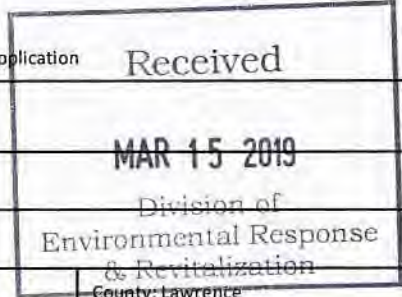
RCRA SUBTITLE C  
SITE IDENTIFICATION FORM

For Ohio EPA Use Only

1542023

1. Reason for Submittal

Reason for Submittal:  
 Obtaining or updating an EPA ID number for regulated activity  
 As a component of the Hazardous Waste Report for the year \_\_\_\_  
 Notifying that regulated activity is no longer occurring at this site  
 As a component of a First or Revised RCRA Hazardous Waste Part A Permit Application



2. Site EPA ID Number

OHR 000210815

3. Site Name

Purecycle Technologies, LLC.

4. Site Location Information

Street Address: 1125 County Road 1-A

City, Town, or Village: Hanging Rock

State: OH

Country: USA

Zip: 45638

5. Site Land Type

Private  County  District  Federal  Indian  Municipal  State  Other

6. North American Industry Classification System (NAICS)

A. (Primary) 325211

B.

C.

D.

7. Site Contact Person:

First Name: Chris

MI:

Last Name: Talarek

Title: Director of Operations

Street or P.O. Box: 1125 County Road 1-A

City, Town or Village: Hanging Rock

State: OH

Country: USA

Zip Code: 45638

E-mail: ctalarek@purecycletech.com

Phone & Ext.: (513)7044904

Fax:

8. Legal Owner and Operator of the Site

Name of Site's Legal Owner: Inventure Management Services, LLC.

Date Became Owner (mm/dd/yyyy): 1/1/2018

Owner Type:  Private  County  District  Federal  Indian  Municipal  State  Other

Street or P.O. Box: 11 East Hubbard Street, Suite 200

City: Chicago

State: IL

Country: USA

Zip Code: 60611

Email:

Phone: (312) 836-0905

Name of Site's Operator: Purecycle Technologies, LLC.

Date Became Operator (mm/dd/yyyy): 5/01/2018

Operator Type:  Private  County  District  Federal  Indian  Municipal  State  Other

Street or P.O. Box: 1125 County Road 1-A

City: Hanging Rock

State: OH

Country: USA

Zip Code: 45638

Email: ctalarek@purecycletech.com

Phone: (513) 704-4904

Additional Owners and/or Operators should be listed in the Comment Section or on another copy of this form page.

N-LQG

DP  
3.18.2019

<b>9. Type of Regulated Waste Activity (If "Yes" Mark "X" in the appropriate boxes.)</b>																	
<p><b>A. Hazardous Waste Activities:</b></p> <p><b>1. Generator of Hazardous Waste</b> (choose only one of the following three categories or leave blank if not a Generator)</p> <p><input checked="" type="checkbox"/> a. <b>Large Quantity Generator (LQG):</b> Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. <b>Small Quantity Generator (SQG):</b> 100 to 1,000 kg/mo (220-2,200 lbs.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. <b>Conditionally Exempt Small Quantity Generator (CESQG):</b> Less than 100 kg/mo of non-acute hazardous waste</p> <p><b>In addition, indicate other generator activities (check all that apply)</b></p> <p><input type="checkbox"/> d. Temporary Generator (generate from a one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments.</p> <p><input type="checkbox"/> e. Episodic Generator (a CESQG or SQG with an episodic event of limited duration that has put the site into a higher generator category)</p> <p><input type="checkbox"/> f. Mixed Waste (hazardous and radioactive) Generator</p> <p><b>2. Hazardous Waste Report Generator Status</b> (choose one only if the Reason for Submittal is the Hazardous Waste Report)</p> <p><input type="checkbox"/> a. <b>Large Quantity Generator (LQG):</b> Greater than 1,000 kg (2,200 lbs.) of non-acute hazardous waste was generated at the site in any one month; or</p> <p><input type="checkbox"/> b. <b>Small Quantity Generator (SQG):</b> In one or more months, the site generated greater than 100 kg (220 lbs.) but in no month, did it generate more than 1,000 kg (2,200 lbs.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. <b>Conditionally Exempt Small Quantity Generator (CESQG):</b> The site generated no more than 100 kg (220 lbs.) of non-acute hazardous waste in any one month; or</p> <p><input type="checkbox"/> d. <b>Non-Generator:</b> The site did not generate any hazardous waste during the calendar year.</p>	<p><b>3. Transporter of Hazardous Waste</b></p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p><input type="checkbox"/> <b>4. Treater, Storer or Disposer of Hazardous Waste (at your site)</b> Note: A hazardous waste permit is required for this activity.</p> <p><b>5. Recycler of Hazardous Waste (at your site)</b> Note: A hazardous waste permit may be required for this activity.</p> <p><input type="checkbox"/> a. Recycler who stores prior to recycling</p> <p><input type="checkbox"/> b. Recycler who does not store prior to recycling</p> <p><input type="checkbox"/> c. 72-hour Recycler</p> <p><b>6. Exempt Boiler and/or Industrial Furnace</b></p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting and Refining Furnace Exemption</p> <p><input type="checkbox"/> <b>7. Underground Injection Control</b></p> <p><input type="checkbox"/> <b>8. Receives Hazardous Waste from Off-site</b></p> <p><input type="checkbox"/> <b>9. United States Importer of Hazardous Waste</b></p> <p><b>10. Recognized Trader</b></p> <p><input type="checkbox"/> a. Importer</p> <p><input type="checkbox"/> b. Exporter</p> <p><b>11. Spent Lead Acid Battery</b></p> <p><input type="checkbox"/> a. Importer</p> <p><input type="checkbox"/> b. Exporter</p> <p><input checked="" type="checkbox"/> <b>12. Electronic Manifest Broker</b></p>																
<p><b>B. Universal Waste Activities</b></p> <p><b>1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more):</b></p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Managed</u></td> </tr> <tr> <td>a. Batteries</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Pesticides</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Mercury Containing Equipment</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Lamps</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Aerosol Cans</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Antifreeze</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Paint / Paint Related</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><input type="checkbox"/> <b>2. Destination Facility for Universal Waste</b> Note: A hazardous waste permit may be required for this activity.</p>		<u>Managed</u>	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Mercury Containing Equipment	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Aerosol Cans	<input type="checkbox"/>	f. Antifreeze	<input type="checkbox"/>	g. Paint / Paint Related	<input type="checkbox"/>	<p><b>C. Used Oil Activities:</b></p> <p><b>1. Used Oil Transporter</b></p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p><b>2. Used Oil Processor and/or Re-refiner</b></p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> <b>3. Off-Specification Used Oil Burner</b></p> <p><b>4. Used Oil Fuel Marketer</b></p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
	<u>Managed</u>																
a. Batteries	<input type="checkbox"/>																
b. Pesticides	<input type="checkbox"/>																
c. Mercury Containing Equipment	<input type="checkbox"/>																
d. Lamps	<input type="checkbox"/>																
e. Aerosol Cans	<input type="checkbox"/>																
f. Antifreeze	<input type="checkbox"/>																
g. Paint / Paint Related	<input type="checkbox"/>																

**D. Eligible Academic Entities with Laboratories** – Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to OAC rules 3745-52-200 through 3745-52-216

1. Opting into or currently operating under OAC rules 3745-52-200 through 3745-52-216 for the management of hazardous wastes in laboratories. 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 OAC rules 3745-52-200 through 3745-52-216 for the management of hazardous waste in laboratories


**10. Waste codes for Federally Regulated Hazardous Wastes.** Please list the codes for the federally regulated hazardous waste 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 space is needed.


D001	D009	F004			
D002	F001				
D003	F002				
D004	F003				

**11. Comments**

EPA Form 8700-12 is included in this submission for the agency's usage.

**12. 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 person who manage the system, or those persons directly responsible for gathering the information, the information is 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.

Signature of owner, operator, or an authorized representative 		Name (type or print) Chris Talarek	
Email ctalarek@purecycletech.com	Official Title Director of Operations	Date (mm/dd/yyyy) 2/10/2019	
Signature of owner, operator, or an authorized representative		Name (type or print)	
Email	Official Title	Date (mm/dd/yyyy)	

<b>United States Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>	
---	---

**1. Reason for Submittal (Select only one.)**

<input checked="" type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	<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 <b>one or more months of the reporting year</b> (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input checked="" type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

**2. Site EPA ID Number**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**3. Site Name**

<b>PureCycle Technologies, LLC.</b>
-------------------------------------

**4. Site Location Address**

Street Address	1125 County Road 1-A		
City, Town, or Village	Hanging Rock	County	Lawrence
State	Ohio	Country	United States
Zip Code	45638		

**5. Site Mailing Address**

Same as Location Address

Street Address	1125 County Road 1-A		
City, Town, or Village	Hanging Rock		
State	Ohio	Country	United States
Zip Code	45638		

**6. Site Land Type**

Private  
  County  
  District  
  Federal  
  Tribal  
  Municipal  
  State  
  Other

**7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)**

A. (Primary)      325211	C.
B.	D.

8. Site Contact Information

Same as Location Address

First Name <b>Chris</b>	MI	Last Name <b>Talarek</b>
Title <b>Director of Operations</b>		
Street Address <b>1125 County Road 1-A</b>		
City, Town, or Village <b>Hanging Rock</b>		
State <b>Ohio</b>	Country <b>United States</b>	Zip Code <b>45638</b>
Email <b>ctalarek@purecycletech.com</b>		
Phone <b>(513) 704- 4904</b>	Ext	Fax

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name <b>Innventure Management Services, LLC.</b>	Date Became Owner (mm/dd/yyyy) <b>1/11/2018</b>
Owner Type <input checked="" 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	
Street Address <b>11 East Hubbard Street, Suite 200</b>	
City, Town, or Village <b>Chicago</b>	
State <b>Illinois</b>	Country <b>United States</b> Zip Code <b>60611</b>
Email	
Phone <b>(312) 836-0905</b>	
Ext	Fax

B. Name of Site's Legal Operator

Same as Location Address

Full Name <b>PureCycle Technologies, LLC.</b>	Date Became Operator (mm/dd/yyyy) <b>5/1/2018</b>
Operator Type <input checked="" 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	
Street Address <b>1125 County Road 1-A</b>	
City, Town, or Village <b>Hanging Rock</b>	
State <b>Ohio</b>	Country <b>Lawrence</b> Zip Code <b>45638</b>
Email <b>ctalarek@purecycletech.com</b>	
Phone <b>(513) 704- 4904</b>	Ext   Fax
Comments	

**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**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 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.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	<input type="checkbox"/>	a. Recycler who stores prior to recycling
<input type="checkbox"/>	<input type="checkbox"/>	b. Recycler who does not store prior to recycling
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption
<input type="checkbox"/>	<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption

**B. 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.

D001	D002	D003	D004	D009	F001	F002
F003	F004					

**C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes.** Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**
**A. Other Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

**B. Universal Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**12. Eligible Academic Entities with Laboratories**—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—if “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

**13. Episodic Generation**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
--	---

**14. LQG Consolidation of VSQG Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
--	--

**15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/> In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
<input type="checkbox"/> Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	

**16. Notification of Hazardous Secondary Material (HSM) Activity**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. 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 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If “Yes”, you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If “Yes”, you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

**17. Electronic Manifest Broker**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
--	--

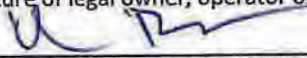


Grid for EPA ID Number

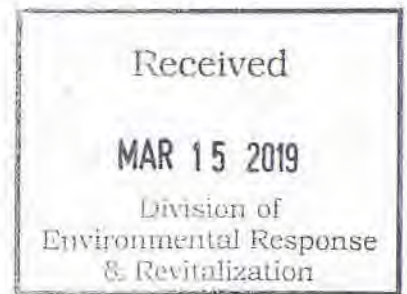
18. Comments (include item number for each comment)

Large empty rectangular box for comments

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 the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) 2/10/19
Printed Name (First, Middle Initial Last) Chris Talarek	Title Director of Operations
Email ctalarek@purecycletech.com	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	



March 12, 2019

VIA Certified Mail - Return Receipt Requested, No. [Certified Mail No.]

701714500001  
68968300

Ms. Jacquelyn Keller,  
Ohio Environmental Protection Agency- DERR  
Lazarus Government Center  
P.O. Box 1049  
Columbus, OH 43216-1049

Reference: Pure Cycle Technologies, LLC RCRA Subtitle C Site Identification (EPA Form 9029) and the corresponding US EPA Form 8700-12.

Dear Ms. Keller,

Transmitted herewith, please find the completed RCRA Subtitle C Site Identification (EPA Form 9029) and the corresponding US EPA Form 8700-12. I am submitting the attached forms on behalf of my client, PureCycle Technologies, LLC (PCT) located in Hanging Rock, Ohio.

Please contact Aishah Jones at (334) 421-9213 for additional information or if you have any questions. Thanks in advance for your review.

Sincerely,

A handwritten signature in blue ink, appearing to read "Aishah F. Jones".

Aishah F. Jones, Project Scientist

Enclosures:

RCRA Subtitle C Site Identification, EPA Form 9029 (Enclosure 1)

US EPA Form 8700-12. (Enclosure 2)