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<p>MAIL THE COMPLETED FORM TO: Ohio EPA, DERR PO BOX 1049 Columbus, OH 43216-1049</p>	 <p style="text-align: right;">RCRA SUBTITLE C SITE IDENTIFICATION FORM (EPA 9029)</p> <p style="text-align: right;">BY:</p>
<p>1. Reason for Submittal- Select One</p>	<p><input checked="" type="checkbox"/> Notifying to obtain or update an EPA ID number for regulated activity <input type="checkbox"/> Notifying as a component of the Biennial Hazardous Waste Report for the year _____ <input type="checkbox"/> Notifying that regulated activity is no longer occurring at this site (deactivating the EPA ID) <input type="checkbox"/> Notifying as a component of a first of revised RCRA Hazardous Waste Part A Permit Application (for permitted sites only)</p>
<p>2. Site EPA ID Number</p>	<p>OHR000210815</p>
<p>3. Legal Site Name</p>	<p>PureCycle Ohio, LLC</p>
	<p>Street Address: 1125 County Road 1-A</p>
	<p>City, Town, or Village: Ironton County: Lawrence</p>
	<p>State: OH Country: USA Zip: 45638</p>
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>
<p>6. North American Industry Classification System (NAICS)</p>	<p>A. (Primary) 325991 B.</p>
	<p>C. D.</p>
<p>7. Site Contact Person</p>	<p>First Name: Drew MI: Last Name: Kraemer</p>
	<p>Title: Environmental, Health, Safety, & Quality Manager</p>
	<p>Street or P.O. Box: 1125 County Road 1A</p>
	<p>City, Town, or Village: Ironton</p>
	<p>State: OH Country: USA Zip Code: 45638</p>
	<p>E-mail: dkraemer@purecycle.com</p>
	<p>Phone & Ext.: 502-663-4545 Fax:</p>
<p>8. Legal Owner and Operator of the Site</p> <p>Additional Owners and/or Operators should be listed in the Comment Section or on another copy of this form page.</p>	<p>Name of Site's Legal Owner: PureCycle Ohio, LLC Date Became Owner (mm/dd/yyyy): 10/07/2020</p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>
	<p>Street or P.O. Box: 1125 County Road 1-A City: Ironton</p>
	<p>State: OH Country: USA Zip Code: 45638</p>
	<p>Email: dkraemer@purecycle.com Phone: 502-663-4545</p>
	<p>Name of Site's Operator: PureCycle Ohio, LLC Date Became Operator (mm/dd/yyyy): 10/07/2020</p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>
	<p>Street or P.O. Box: 1125 County Road 1A City: Ironton</p>
	<p>State: OH Country: USA Zip Code: 45638</p>
	<p>Email: dkraemer@purecycle.com Phone: 502-663-4545</p>

9.	Type of Regulated Waste Activity (If "Yes" Mark "X" in the appropriate boxes.)					
<p>A. Hazardous Waste Activities:</p> <p>1. Current Generator of Hazardous Waste Category (choose only one of the following three categories or leave blank if not a Generator)</p> <p><input type="checkbox"/> a. Large Quantity Generator (LQG): Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> b. Small Quantity Generator (SQG): 100 to 1,000 kg/mo (220-2,200 lbs.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. Very Small Quantity Generator (VSQG): Less than 100 kg/mo of non-acute hazardous waste</p> <p>If applicable, indicate other generator activities</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 VSQG or SQG 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 Episodic Generator Addendum</p> <p>2. Biennial Hazardous Waste Report Generator Status (choose only one if the reason for submittal is the Biennial Hazardous Waste Report)</p> <p><input type="checkbox"/> a. Large Quantity Generator (LQG): 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. Small Quantity Generator (SQG): 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. Very Small Quantity Generator (VSQG): 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. Non-Generator: The site did not generate any hazardous waste during the calendar year.</p>						
<p>3. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p><input type="checkbox"/> 4. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p>5. Recycler of Hazardous Waste (at your site) 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>6. Exempt Boiler and/or Industrial Furnace</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"/> 7. Underground Injection Control</p> <p><input type="checkbox"/> 8. Receives Hazardous Waste from Off-site</p> <p><input type="checkbox"/> 9. United States Importer of Hazardous Waste</p> <p>10. Recognized Trader</p> <p><input type="checkbox"/> a. Importer</p> <p><input type="checkbox"/> b. Exporter</p> <p>11. Spent Lead Acid Battery</p> <p><input type="checkbox"/> a. Importer</p> <p><input type="checkbox"/> b. Exporter</p> <p><input type="checkbox"/> 12. Electronic Manifest Broker</p> <p><input type="checkbox"/> 13. LQG Consolidation of VSQG Hazardous Waste (an LQG notifying of consolidating VSQG hazardous waste under control of the same person pursuant to OAC 3745-52-17). If yes, you must fill out the LQG Consolidation of VSQG Hazardous Waste Addendum</p> <p>14. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) or Entire Facility (required)</p> <p>a. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility</p> <p>b. Expected Closure Date: _____ (mm/dd/yyyy)</p> <p>c. Requesting New Closure Date: _____ mm/dd/yyyy</p> <p>d. Date Closed: _____ (mm/dd/yyyy)</p> <p><input type="checkbox"/> 1. In compliance with the closure performance standards of OAC rule 3745-55-11</p> <p><input type="checkbox"/> 2. Not in compliance with the closure performance standards of OAC rule 3745-55-11</p>						
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	D002	D003	D009	F001	F002	F003
F004						

11. Universal Waste Activities

1. Handler of Universal Waste (choose only one of the following or leave blank if not a Handler of Universal Waste)

- a. Small Quantity Handler of Universal Waste (SQHUW): Accumulates less than 5,000 kg
- b. Large Quantity Handler of Universal Waste (LQHUW): Accumulates 5,000 kg or more

Managed

- Batteries
- Pesticides
- Mercury Containing Equipment
- Lamps
- Aerosol Cans
- Antifreeze
- Paint/ Paint Related

- 2. Destination Facility for Universal Waste (Note: A hazardous waste permit is required for this activity.)

12. Used Oil Activities

1. Used Oil Transporter

- a. Transporter
- b. Transfer Facility (at your site)

2. Used Oil Processor and/or Re-refiner

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer

- a. Marketer Who Directs Shipments of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

13. Pharmaceutical Activities- Notification for opting into or withdrawing from the management of hazardous waste pharmaceuticals pursuant to OAC rules 3745-266-500 through 3745-266-510

1. Opting into or currently operating under OAC rules 3745-266-500 through 3745-266-510 for the management of hazardous wastes pharmaceuticals. Mark only one:

- a. Healthcare Facility
- b. Reverse Distributor

- 2. Withdrawing from OAC rules 3745-266-500 through 3745-266-510 for the management of hazardous waste pharmaceuticals

14. 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

15. Notification of Hazardous Secondary Material (HSM) Activity: Are you notifying under OAC rule 3745-50-16 that you will be managing, are managing, or will stop managing hazardous secondary material under OAC rules 3745-50-23, 3745-51-04(A)(23), (24), (25), or (27)? **If "Yes", you must fill out the Addendum to the Site Identification Form for Managing HSM.**

- a. Yes
- b. No

16.

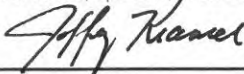
Comments

Items 3, 7, and 8 have been changed to update the Legal Site Name, Site Contact, and Site's Legal Owner.

PureCycle will begin management of hazardous secondary material that meets the criteria for an exclusion from the definition of a solid waste under OAC 3745-51-04 (A)(23). The HSM addendum is included with this submittal.

17. 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)

Jeff Kramer

Email
jkramer@purecycle.com

Official Title
Site Manager

Date (mm/dd/yyyy)

07/19/2023

**ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION
OF HAZARDOUS SECONDARY MATERIAL ACTIVITY**



ONLY fill out this form if:

- x You are or will be managing excluded HSM in compliance with OAC rules 3745-50-23, 3745-51-04(A)(23), (24), (25), or (27) or 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.**

<p>1. Reason for Notification (Include dates where requested)</p> <p><input checked="" type="checkbox"/> Facility will <u>begin managing</u> excluded HSM as of <u>07/10/2023</u> (mm/dd/yyyy).</p> <p><input type="checkbox"/> Facility is <u>still managing</u> excluded HSM/ re-notifying as required by March 1st of each even numbered year.</p> <p><input type="checkbox"/> Facility has <u>stopped</u> managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.</p>				
<p>2. Description of Excluded HSM Activity: Please list the appropriate codes (see Code List section of the instructions) and quantities, in short tons, to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous waste). Use additional pages if more space is needed.</p>				
A. Facility Code	B. Waste Code(s) for HSM	C. Estimate 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
01	D003	65,000	N/A	N/A
06	D003	65,000	N/A	N/A

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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1. Reason for Submittal (Select only one.)

<input checked="" type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input 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 (permit) Form

2. Site EPA ID Number

O	H	R	0	0	0	2	1	0	8	1	5
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3. Site Name

PureCycle Ohio, LLC

4. Site Location Address

Street Address 1125 County Road 1-A			
City, Town, or Village Ironton		County Lawrence	
State OH	Country USA	Zip Code 45638	
Latitude 38.571419	Longitude -82.791178	<input type="checkbox"/> Use Lat/Long as Primary Address	

5. Site Mailing Address

Same as Location Street Address

Street Address 1125 County Road 1-A			
City, Town, or Village Ironton			
State OH	Country USA	Zip Code 45638	

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

A. (Primary) 325991	C.
B.	D.

8. Site Contact Information

 Same as Location Address

First Name	Drew	MI	Last Name	Kraemer	
Title	Environmental, Health, Safety, & Quality Manager				
Street Address	1125 County Road 1-A				
City, Town, or Village	Ironton				
State	OH	Country	USA	Zip Code	45638
Email	dkraemer@purecycle.com				
Phone	502-663-4545	Ext	Fax		

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

 Same as Location Address

Full Name	PureCycle Ohio, LLC	Date Became Owner (mm/dd/yyyy)	10/7/2020
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	1125 County Road 1-A		
City, Town, or Village	Ironton		
State	OH	Country	USA
Zip Code	45638		
Email	dkraemer@purecycle.com		
Phone	502-663-4545	Ext	Fax
Comments			

B. Name of Site's Legal Operator

 Same as Location Address

Full Name	PureCycle Ohio, LLC	Date Became Operator (mm/dd/yyyy)	10/7/2020
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	1125 County Road 1-A		
City, Town, or Village	Ironton		
State	OH	Country	USA
Zip Code	45638		
Email	dkraemer@purecycle.com		
Phone	502-663-4545	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 type="checkbox"/>	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); 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 checked="" 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.
<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. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	5 Recycler of Hazardous Waste	
	<input type="checkbox"/>	a. Recycler who stores prior to recycling	
	<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
	<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	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. Aerosol Cans
<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

D. Pharmaceutical Activities

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
		<input type="checkbox"/> a. Healthcare Facility
		<input type="checkbox"/> b. Reverse Distributor
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 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 university
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 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.
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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 VSQG hazardous waste.
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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"/> 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
		<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

<input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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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?
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18. Comments (include item number for each comment)

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 <i>Jeff Kramer</i>	Date (mm/dd/yyyy) 07/19/2023
Printed Name (First, Middle Initial Last) Jeff Kramer	Title Site Manager
Email jkramer@purecycle.com	

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

<p>ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY</p>	
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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 260.30, 261.4(a)(23), (24), (25), or (27) (or state equivalent; See <https://www.epa.gov/hw/where-2018-definition-solid-waste-rule-effect> for a list of eligible states; AND
- You are or will be managing excluded HSM in compliance with 40 CFR 260.30, 261.4(a)(23), (24), (25), or (27) (or state equivalent) or 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. Note: If your facility was granted a solid waste variance under 40 CFR 260.30 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulations and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.

1. Reason for Notification (Include dates where requested)

Facility will begin managing excluded HSM as of 7/10/2023 (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 (see Code List section of the instructions) 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	B. Waste Code(s) for HSM	C. Estimate 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
01	D003	65,000	N/A	NA
06	D003	65,000	N/A	NA