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RCRAINFO

FILE SPECIFICATION GUIDE

2009 HAZARDOUS WASTE

REPORT SUBMISSIONS

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1.0   INTRODUCTION

This document describes the file specifications for reporting data for the 2009 Hazardous Waste Report (also called the Biennial Report). The material in this guide covers submissions by States and Regions to EPA Headquarters (HQ). The file specifications in this guide are not intended to be used to cover submissions by individual reporting sites. Also, this guide is only intended to specify the file and data formats for the submission and is not intended to cover any procedural or EPA programmatic issues.

This document is designed to be used in conjunction with the *2009 Hazardous Waste Report, Instructions and Forms*, EPA Form 8700-13A/B that is referenced throughout this document. You should have a complete copy of the *2009 Hazardous Waste Report, Instructions and Forms* in your possession while using this guide. Copies of the *2009 Hazardous Waste Report, Instructions and Forms* will be available at http://www.epa.gov/epaoswer/hazwaste/data /biennialreport/.

1.1   OVERVIEW OF DOCUMENT

The *File Specification Guide for 2009 Hazardous Waste Report Submissions* is divided into five sections:

Section 1 (Introduction) defines the intended audience for this guide, offers a brief description of the forms contained in the *2009 Hazardous Waste Report, Instructions and Forms*, and describes the general purpose and outline of this document.

Section 2 (Changes from Previous Cycles) outlines the major changes to the file specifications from previous Biennial Report cycles.

Section 3 (Data Submission Overview) describes the overall characteristics for a data submission.

Section 4 (Technical Specifications) discusses the technical details of the data files and programs necessary for data submission.

Section 5 (Submission and Status Report Instructions) will provide detailed instructions on how to submit Biennial Report flat files to RCRAInfo via the RCRAInfo production application. This section will be provided once the RCRAInfo interface has been created.

Several appendices are included with this document. These appendices provide background material as well as detailed technical information necessary to properly prepare file submissions.

1.2   INTENDED AUDIENCE

The intended audience for this guide is any State or EPA Region that is using its own software and procedures to extract hazardous waste data from a State or Regional system for submission to EPA HQ for inclusion in the RCRAInfo database for the 2009 Hazardous Waste Report; or any commercial software vendor who is preparing software for use/purchase by States and Regions for preparation of State or Regional submission of data for the 2009 Hazardous Waste Report.

(Note: States or Regions who use a data collection instrument different than the *Hazardous Waste Report, Instructions and Forms* developed by EPA HQ are called translators. This guide will serve as guidance for both translators and commercial software vendors.)

This document was written assuming the reader 1) is familiar with the *2009 Hazardous Waste Report, Instructions and Forms* and 2) understands basic computer concepts and terminology.

1.3   HAZARDOUS WASTE REPORT FORMS

The *2009 Hazardous Waste Report, Instructions and Forms* document captures information on the following forms:

RCRA Subtitle C Site Identification Form

The Site Identification Form collects information on the site completing the Biennial Report forms package. The form is divided into fourteen items and an addendum. States and Regions submit Site ID form information via the SI1, SI2, SI3, SI4, SI5, SI6, SI7, SI9, SIA, and SIB flat files.

Note: The SI8 flat file allows implementers to include State-specific activities in their Biennial Report submission. This information is not found on the RCRA Subtitle C Site Identification Form, but rather is implementer-defined to meet the State's regulatory requirements.

GM Form

The Waste Generation and Management Form (GM Form) is used for reporting on-site hazardous waste generation, management, and off-site shipment. The GM Form is divided into three sections that document 1) the source, characteristics, and quantity of hazardous waste generated; 2) the quantity of hazardous waste managed on-site along with the management method used; and 3) the quantity of hazardous waste shipped off-site for treatment, disposal, or recycling along with the off-site management method used. States and Regions submit GM form information via the GM1, GM2, GM3, GM4, and GM5 flat files.

WR Form

The Waste Received from Off-site Form (WR Form) identifies hazardous wastes that were received from other hazardous waste sites and the method(s) used to manage them. The WR Form is divided into three identical parts (i.e., waste blocks), labeled Waste 1, Waste 2, and Waste 3, that collect information on the quantities and characteristics of each hazardous waste received from an off-site source during 2009 and managed on-site. States and Regions submit WR form information via the WR1, WR2, and WR3 flat files.

OI Form

The Off-site Identification Form (OI Form) captures the names and addresses of off-site installations and transporters. OI information is not loaded into the RCRAInfo database, but a file specification has been included to facilitate data sharing.

1.4   DATA FILES

Information gathered from the Hazardous Waste Report is submitted to EPA HQ via a series of flat files. Each form contains information that relates to the form in a one-to-one (1:1) relationship (e.g., GM Form, Section 1, Block D, source code). These data elements are captured in the primary flat file for that form (e.g., SI1, GM1, and WR1). Information that relates to the form in a many-to-one (*n*:1) relationship (e.g., GM Form, Section 1, Block B, EPA hazardous waste codes) is captured in secondary flat files (e.g., GM2, GM3, GM4, GM5, WR2, WR3).

The remainder of this document describes in detail the steps necessary to ensure a successful data submission including identifying which sites should be reported, the types of files that must be included with each submission, and technical aspects of the file creation process.

1.5   QUESTIONS/COMMENTS

Questions about this document should be directed to the RCRAInfo team via the User Support Issue Tracking System (USITS) utility in RCRAInfo. Questions submitted must only concern the file specification for submission of data from the States or EPA Regions to the RCRAInfo database. Questions on submissions of data by individual sites should be directed to the appropriate State or EPA Regional personnel. For a list of the appropriate contacts see: http://www.epa.gov/osw/inforesources/data/form8700/contact.pdf.

CHANGES FROM PREVIOUS CYCLES

RCRAInfo Version 5 addresses changes to the Handler and Waste Activity Monitoring modules within RCRAInfo. Many structure changes were made to: 1) accommodate the addition of new regulations; 2) remove obsolete information; 3) capture additional information; and 4) incorporate specific user community enhancement requests. The 2009 Biennial Report flat file specifications have been revised to mimic the structure changes made. The flat files are still identified using the SI, GM, and WR prefixes, however, their structure and definition have no relation to previous cycles. For example, the SI2 file in the 2009 specifications captures the owner/operator information whereas in previous cycles, the SI2 file captured the handler universal waste and used oil activities.

It is **IMPERATIVE** that you review and incorporate the **NEW** flat file structure into your software or BR process. Below is a highlight of the changes that were made. This is NOT a complete list of changes.

2.1   NEW REGULATIONS

In Fall 2008, EPA Administrator Stephen Johnson signed two final rules affecting Subtitle C facilities: 1) Revisions to the Definition of Solid Waste (DSW) and, 2) Hazardous Waste at Academic Laboratories. Information for these rules is to be collected via the Site Identification Form and Addendum and may be submitted as part of the Biennial Report collection. The DSW information is captured in the SI9 – SIB flat files. The Academic Laboratories Rule information is collected within SI1 (SUBPART_K_COLLEGE, SUBPART_K_HOSPITAL, SUBPART_K_ NONPROFIT, and SUBPART_K_WITHDRAWAL).

2.2   RECEIVED DATE

For cycles prior to 2007, the Received Date (RECEIVE_DATE) in HHANDLER was populated with the date that the BR data was loaded into RCRAInfo by the State or Region. In 2007, the Received Date was populated with the most recent Certification Date (CERT_SIGNED_DATE) of the submission for that handler. For the 2009 cycle, the Received Date will be submitted by the State or Region via the SI1 file. This allows the regulator to indicate when they received the information from the handler.   The universe calculations within RCRAInfo will use the Certification Date to determine the most recent information about a facility.

2.3   WASTE MINIMIZATION

40 CFR 262.41(a)(6), 264.75(h), and 265.75(h) require that data be collected for waste minimization activities. This data is useful to assist sites requesting help with waste reduction for specified waste streams and pollution prevention efforts to identify and connect with other sites that have reported positive or negative results when attempting waste reduction for those waste streams.   Waste Minimization Code (WASTE_MIN_CODE) will be added to the GM1 flat file in column 34.

2.4   INCLUDE IN NATIONAL REPORT (WR1 FILE)

The INCLUDE_IN_NATIONAL_REPORT data element in the WR1 flat file has been moved from column 66 in the 2007 BR Flat File Specifications to column 31. The DESCRIPTION has subsequently moved to column 66 and the NOTES to column 306.

2.5   REQUIRED DATA ELEMENTS

In previous cycles, handlers submitted data either solely for the Biennial Report (SOURCE_TYPE = 'R') or as a component of the Biennial Report and as notification of hazardous waste activity (SOURCE_TYPE = 'B').   The data edits varied in some instances if the handler was submitting an 'R' source record or a 'B' source record. Since the edits for the 2009 BR cycle mimic the edits required for a notification record, the 2009 BR cycle will accept **ONLY** 'B' source records (i.e., all records will be as a component of the Biennial Report and as a notification of hazardous waste activity). All data must meet the edit requirements of a notification record including the required location and mailing address, contact information, owner/operator information, certification information, NAICS, and waste activities. Additional edit requirements for notification records (including source "B" records) were added for V5, including edits making waste codes mandatory under certain conditions. Please see the V5 High Level Design for information about these changes.

2.6   LOADING DATA INTO THE PRODUCTION ENVIRONMENT

For the 2009 cycle, the State or Region will submit their data to the RCRAInfo production database using the RCRAInfo production application. The zip file provided by the user will be loaded into "staging" tables and processed to determine if the data in the files meets ALL of the edit specifications. If the data meets ALL of the edit specifications, the data in the SI files will be loaded **directly** into the corresponding production handler tables. The data in the GM and WR files will remain in the "staging" tables until the cycle is completed at which time the data will be moved from the "staging" tables to the production tables. Loading the SI1 files directly into the production tables alleviates previous issues with the universe calculations and reports the handler information in a more timely manner. If the data does not meet ALL of the edit specifications, the errors will be reported via the Load Status Report and the data will NOT be loaded into the RCRAInfo production tables.

The BR load process will NOT utilize the CDX interface as it has in the past. Details on how to load data via the RCRAInfo production application will be provided in Section 5 of this document at a later date.

2.7   CONTROL FILE

Historically, BR submissions have been accompanied by a "control" file which indicated the BR flat files that were included in the submission. This control file was necessary to ensure that the CDX interface and the RCRAInfo database were communicating properly. As stated above, the 2009 BR data will be submitted via the RCRAInfo production application. Therefore, for the 2009 BR submissions, the user will not include a control file in their submission.

3.0   DATA SUBMISSION OVERVIEW

3.1   DATA REQUIREMENTS

Data collected via the *2009 Hazardous Waste Report, Instructions and Forms* may or may not be required to be included in the Hazardous Waste Report submission. For the purposes of this document, "required" refers to data elements that must be provided and cannot have a value of blank.

States and Regions are encouraged to provide as much data (required or not required) as possible. This information enhances the analytical usefulness of the Hazardous Waste Report data within RCRAInfo.

State, Regional, and commercial software packages must provide data for required data elements. Flat files containing required data elements include:

- Site ID Form data (RCRA Subtitle C Site Identification Form):
     Flat Files SI1, SI2, SI3, SI4, SI6, SI7

- GM Form data (Waste Generation and Management):
     Flat Files GM1, GM2, GM4, and GM5

- WR Form data (Waste Received from Off-site):
     Flat Files WR1 and WR2

Additionally, States who allow facilities to manage hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25) may submit their required re-notification of hazardous secondary material activity using the following flat files:

- Site ID Form Addendum data (Hazardous Secondary Material):
     Flat Files SI9, SIA, and SIB

All data elements must be properly formatted and meet required data quality standards to be loaded into RCRAInfo. The data quality standards for these elements are presented in Appendix A.

To successfully load data into RCRAInfo, all data elements for every submitted flat file must meet formatting and data quality standards. See Appendix A for specifications on standards and formats for all flat files.

3.2   DATA SUBMISSION

It is the responsibility of the State, Regional, or commercial software package to produce a complete set of correctly formatted files for a given State for inclusion in the RCRAInfo database.   The RCRAInfo application can only accommodate submissions containing all data for a given State, that is, data for a single site cannot be loaded into RCRAInfo.

Flat files are submitted to RCRAInfo in accordance with the Memorandum of Understanding between the Region and the State.   The data is transferred to RCRAInfo in the form of Windows-compatible ZIP files.   The RCRAInfo File Transfer Process extracts the files from these zip files and stores the data in Oracle database "staging" tables for further processing.

3.2.1   User Access and Permissions

The user must have the following access and permissions to successfully submit flat files to RCRAInfo:

- User ID and password for the RCRAInfo production application;
- Granted the translation "role" within the database;
- Have Level 4 (read, add, update, and delete) permissions for the Biennial Report module;
- Be the implementer of record for the information being submitted.

Please contact your State or Regional system administrator to obtain a RCRAInfo ID and password, to receive the required permissions, and/or to set implementer of record settings. To obtain the translation "role", please contact Idali Gotay (gotay.idali@epa.gov).

3.2.2   Flat File Submissions

The RCRAInfo application provides an interface for submitters to upload a ZIP file from their local file location to the RCRAInfo staging tables. The uploaded file must be in the form of a ZIP file. These files must be:

- flat files;
- column delimited;
- formatted such that each record in the file is followed by a carriage return/line feed;
- formatted per the flat file specification's documented in this booklet.

A submitter is limited to filing data for one State per ZIP file.

Before the file is uploaded, the RCRAInfo interface will validate the zip file name by the following criteria:

- the first three (3) characters are the program abbreviation: RCR
- the next four (4) characters are program-specific: 2-letter State abbreviation followed by the submission number (e.g., KS01)
- the last three (3) characters are the TSSMS ID of the user submitting the files.

An example file name would be RCRKS01SIX.ZIP. Note: The activity location (state code) embedded in the file name must match the state code associated with the RCRAInfo agency of the submitter that is filing the information.

If the file name does not pass validation, the RCRAInfo interface will provide the submitter with a message describing the error and prompt the submitter to correct the error in order to complete the file upload process.

3.3   AMOUNT OF DATA IN A SINGLE SUBMISSION

Each data submission must contain **ALL** data for the State being submitted. Each data submission will overwrite **ALL** existing 2009 Hazardous Waste Report data for the State in the RCRAInfo database.

3.4   STATES/REGIONS NOT USING THE *2009 HAZARDOUS WASTE REPORT, INSTRUCTIONS AND FORMS*

The information contained in this guide is equally applicable to States and Regions who use a different data collection package than the *2009 Hazardous Waste Report, Instructions and Forms.* Translators are required to provide data equivalent to that collected by the *2009 Hazardous Waste Report, Instructions and Forms* (required data elements).   The following information is provided to help translators become familiar with the steps necessary to ensure a successful data submission:

- Identify all sites for which information is to be translated.
- Access information that is equivalent to the 2009 Hazardous Waste Report data.
- Validate that the equivalent data conforms to the appropriate data quality standards.
- Write translated data to appropriate flat files.

3.4.1   Identify Sites

The State/Region must submit information for sites required to file the *2009 Hazardous Waste Report, Instructions and Forms.* The criterion that defines these sites is presented in the *2009 Hazardous Waste Report, Instructions and Forms* under "Sites Required to File the Hazardous Waste Report." States and Regions are not precluded from submitting information for sites not required to file the *2009 Hazardous Waste Report, Instructions and Forms.*

3.4.2   Access Equivalent Data

The required data elements for the sites being reported must be provided. The translator State/Region must identify, in their system, the data elements and relationships equivalent to the data elements/relationships represented by the flat file specifications provided in Appendix A.

The GM Form, WR Form, and OI Form allow for multiple form submissions by a handler. Translator States/Regions must also accommodate multiple "forms" by a handler as follows:

GM Form

The GM Form collects data associated with a single reported waste. Translators must provide records in the GM1 – GM5 files for each waste generated or managed during the reporting cycle. Thus, each page number for the GM flat file records represents a **single** reported waste. All GM flat file records containing data associated with the same waste reported for the same EPA ID will have the same page number. Page number takes the value of "00001" for the first reported waste on the GM Form and is incremented by one (1) with each following reported waste. (Note: The instructions on assignment of page number for translators are different than for those States/Regions/commercial software vendors supporting the *2009 Hazardous Waste Report, Instructions and Forms*. For vendors supporting the *2009 Hazardous Waste Report, Instructions and Forms*, page number should be the same as the number assigned by the respondent to the actual form.)

WR Form

The WR Form collects data associated with each reported waste received from off-site. Translators must provide records in the WR1 – WR3 files for each waste received from off-site. All WR flat file records containing data associated with the same received waste reported for the same handler will have the same page number. Page number takes the value of "00001" for the first received waste on the WR Form and is incremented by one (1) with each separate received waste reported. The sub-page number for the WR Form data must always be assigned the value of "1". (Note: The instructions on assignment of page number and sub-page number for translators are different than for those States/Regions/commercial software vendors supporting the *2009 Hazardous Waste Report, Instructions and Forms*. For vendors supporting the *2009 Hazardous Waste Report, Instructions and Forms*, page number and sub-page number should be the same as the number assigned by the respondent to the actual form. Sub-page number is '1' for the waste reported in the "Waste 1" block of the WR form, '2' for the waste reported in the "Waste 2" block of the WR form, and '3' for the waste reported in the "Waste 3" block of the WR form.)

OI Form

The OI Form collects data identifying 1) handlers from whom waste was received and to whom waste was shipped and 2) all transporters used to ship waste during the reporting cycle. These source, destination, and transporting entities are identified by their EPA ID, name, and address. The page number for the OI flat file records represents a single handler record. Page number takes the value of "00001" for the first handler record and is incremented by one (1) with each separate handler record reported.

3.4.3 Data Quality/Equivalency

The State/Region's translator data must provide an accurate representation of hazardous waste activity for that State. In addition, the translator's data must pass a minimum set of data edits (see Appendix A) in order to provide information comparable to data gathered with the *2009 Hazardous Waste Report, Instructions and Forms* and to be properly loaded into the RCRAInfo

database. Any data failing to conform to the appropriate data quality edits will result in the entire data submission to RCRAInfo being rejected.

Appendix B contains an annotated copy of the *2009 Hazardous Waste Report* forms showing in which flat file each data element is located. In addition, all codes used in the submission must conform to acceptable data values as specified in Appendix A.

3.4.4   Write Translated Data to Flat Files

Translator States/Regions must extract data from their State/Regional system and re-produce the data in the flat file formats outlined in Appendix A. A complete translation may not necessarily include all flat files. For example, a translator submitting SI Form data is not required to include the "SI8" flat file (state activity) since it is non-required data. However, the State/Region is encouraged to include in the Hazardous Waste Report data submission all data (required and non-required) that the State/Region currently collects.

The flat file specifications for the Hazardous Waste Report data are based on a series of parent-child relationships. A parent file (i.e., SI1, GM1, WR1) may have one or more child relationships with other flat files (i.e., SI2-SIB, GM2-GM5, WR2-WR3). Child records may not exist without the existence of the parent record (e.g., a record for site XYZ cannot exist in the GM2 file if a corresponding record does not exist in the GM1 file).

Data for a site should only be included in the Hazardous Waste Report data submission after all records for that site pass all appropriate edit checks. If a site's data is incomplete, then the site's information must not be included in the State's Hazardous Waste Report data submission. **It is not sufficient to eliminate the data element in error and submit the remainder of the site's data**.

4.0   TECHNICAL SPECIFICATIONS

This section contains the standards that must be met when producing flat files for the Hazardous Waste Report data submission. Failure to meet these specifications will result in the rejection of the flat files and failure to load the data into the RCRAInfo database.

4.1   INCLUDE IN NATIONAL REPORT FLAGS

SI1, GM1, and WR1 file specifications include a field labeled INCLUDE_IN_NATIONAL_ REPORT. The purpose of this field is to allow implementers to submit additional Hazardous Waste Report data (for purposes of data sharing) but keep that data from being included in the National Biennial Hazardous Waste Report.   The field is defined as follows: If the INCLUDE_IN_NATIONAL_REPORT flag in the SI1 file is 'N' (No), then all the INCLUDE_IN_NATIONAL_REPORT flags for the site must also equal 'N' (No) else the submission will be in error. If the INCLUDE_IN_NATIONAL_REPORT flag in the SI1 file is 'Y' (Yes), implementers may set the flag in the GM1 and WR1 file as either 'Y' (Yes) or 'N' (No) to indicate whether that particular waste should be included in the National Biennial Hazardous Waste Report. It is anticipated that many implementers will default the value for these flags to 'Y' (Yes) in all cases, however the specific implementation of how these flags are populated is determined by the implementer.

4.2   STATE GENERATOR STATUS

Implementers are required to furnish both the State-specific generator status and the Federal generator status for each site in their submission. Appropriate fields are included in the SI1 file specification for this purpose.   It is anticipated that many States whose regulations closely match the federal regulations, either by reference or by inclusion, will choose for the values of these fields to be the same.   The method to populate these fields is determined by the implementer, however both fields must be provided or the submission will be rejected.

4.3   RULES AND FORMAT CONVENTIONS REQUIRED FOR DATA FLAT FILES

The following sub-sections detail the correct field formats for the data in the flat files.

4.3.1   Alphanumeric Fields

Alphanumeric fields are identified in Appendix A as Data Type "A" fields. Data Type "A" fields must be left-justified with all trailing spaces filled with the space character (i.e., ASCII HEX 0x20 or ASCII Decimal 32).

Valid characters for alphanumeric fields are limited to:
`~!@#$%^&*()_-+={}[]|\:;"',.?/1234567890ABCDEFGHIJKLMNOPQRSTUVWXYZ

Invalid characters for alphanumeric fields include:
<>

If the "<" or ">" symbols are used to indicate less than or greater than, it is recommended that these symbols be replaced with "LT" or "GT".

As part of the RCRAInfo load routines, all lowercase letters (a-z) will be converted to uppercase characters (A-Z). Lowercase letters will not cause a submission to be rejected, however the lowercase letters will be converted to uppercase characters.

4.3.2 Integer Fields

Integer fields are identified in Appendix A as Data Type "I" fields.

Allowed values for integer fields are numbers 0-9 and the space character (ASCII Hex 0x20 or ASCII Decimal 32).

Examples of incorrect and correct entries for an integer field defined with a length of five (5) are presented in Exhibit 2 below.

INCORRECT	CORRECT
1A	1
10,000	10000
750.25	750

Exhibit 2. Incorrect and Correct Integer Entries

4.3.3 Fixed Decimal Fields

Fixed place decimal fields are identified in Appendix A as Data Type "D" fields.

For all "D" field entries, the flat file specifications indicate the number of digits that the data element is allowed before the decimal and after the decimal. For example, D11.6 indicates that the number may have up to 11 digits before the decimal and 6 digits after the decimal (99999999999.999999). The field length includes the decimal character.

Allowed values for fixed decimal fields are numbers 0-9, the decimal character ".", and the space character (ASCII Hex 0x20 or ASCII Decimal 32).

Although some data blocks on the *2009 Hazardous Waste Report, Instructions and Forms* provide for only one decimal place, the translator flat files may allow additional decimal places to be represented in "D" fields. Exhibit 3 shows incorrect and correct entries in a type "D5.2" field.

INCORRECT	CORRECT
10,032.1	10032.10
10,032A	10032

Exhibit 3. Incorrect and Correct Fixed Decimal Entries

4.3.4   Sequence Number Fields

Some of the files in Appendix A require a sequence number to be provided for each record. The SI3 file, for example, requires a sequence number (NAICS_SEQ) for the NAICS codes. The sequence number is needed for data elements, such as the NAICS code, which may have more than one value. The sequence number should be assigned the value "0001" for the first occurrence of the sequenced data element for the EPA ID and should then be incremented by one with each successive occurrence of that same EPA ID.

4.3.5   Negative Numbers

Negative numbers are not allowed in the data submission.

4.4   RECORD TERMINATION

Each flat file record must be terminated by a line feed character (ASCII Hex 0x0A or ASCII Decimal 010), or a carriage return character (ASCII Hex 0x0D or ASCII Decimal 013) followed by a line feed character.

4.5   EMPTY FIELDS

For fields that require no response, the field should be filled with the space character (i.e., blanks).

4.6   CONFIDENTIAL BUSINESS INFORMATION (CBI)

Under existing RCRA statutes, sites may claim that certain items of information submitted as part of their Hazardous Waste Report contain Confidential Business Information (CBI). The procedures for handling CBI can be found in *Procedures for Handling RCRA Confidential Business Information* (available from the EPA HQ RCRA Document Control Officer). A subset of these procedures is documented in *Procedures for Handling RCRA Confidential Business Information Submitted for the Biennial Report.* (Copies of these documents can be requested using the USITS utility in RCRAInfo). In brief, it is not allowable to mingle CBI data with non-CBI data. In addition, CBI data must be handled on a secure computer (either a computer that is kept in a secure environment or a computer that uses removable media where the media is kept in a secure environment). CBI data must be submitted separately from non-CBI data using data handling methods outlined in the *Procedures for Handling RCRA Confidential Business Information* documentation.

In previous Biennial Report cycles, some States/Regions that have received CBI have masked the CBI data (in other words, changed the CBI data so it no longer is CBI). This practice is not a requirement of EPA HQ, but as long as the masking is acceptable to the site and the implementer, and the data meets the minimum edit standards as detailed in the appendices, this solution is acceptable.

5.0   SUBMISSION AND STATUS REPORT INSTRUCTIONS

5.1   STEP-BY-STEP INSTRUCTIONS FOR BR SUBMISSIONS

The following step-by-step submission instructions assume that you have obtained the necessary user ID / passwords and access for the RCRAInfo application. The steps provided below illustrate how to submit a BR flat file into the RCRAInfo production environment.

Step 1 - Open Internet Explorer and go to the RCRAInfo URL – https://rcrainfo.epa.gov (Production RCRAInfo website) or https://rcrainfopreprod.epa.gov (Pre-production RCRAInfo website)

Step 2 - On the Warning Notice page click "here" to agree to the terms and continue

Step 3 - On the RCRAInfo page, provide your RCRAInfo user ID and password and click "Log on"

Step 4 - From the RCRAInfo Main Menu, click "Upload Data" located under "Translate Data"

Select a Handler for Data Maintenance

My RCRA ID Submissions

Multi-site Consent Agreement/Final Orders (CAFOs)

Commitment Maintenance

News Alerts and General Information
Contact Lists, System Documentation, Security

Translate Data
Upload Data

National and Implementer Reports
Handler, Permitting, Corrective Action, CM&E, Financial Assurance

BARRT

Utilities
Change Password, User Preferences, Groups of IDs, Status Reports

System Administration
System Administrators, User Maintenance, Lookup Maintenance

USITS

Change Management

Message Board

Exit RCRAInfo

Step 5 - From the Load Translation Files screen, select a Module Type of "Biennial Report", an Upload Type of "Full Replace", and a Report Cycle of "BR 2009".

Module Type	Upload Type	Report Cycle
⦿ Biennial Report	○ Transactional	Report Cycle: BR 2009 ▼
○ Compliance, Monitoring & Enforcement	○ Partial	
○ Corrective Action	⦿ Full Replace	
○ Financial Assurance	○ Delete	
○ GIS		
○ Handler		
○ Permitting		

Step 6 - Provide the name of the zip file containing the BR data (i.e., c:\flatfiles\rcrfl01six.zip) by typing it in the "File Name:" or using the "Browse" button

Upload Data (Please use the Browse button to select the file to upload.)

File Name: c:\flatfiles\rcrfl01six.zip   Browse...

Step 7 - Click the "Load Data" button

Step 8 - You will receive the message "File Upload is Valid" and the name of the flat files found in the zip file will be displayed

File Upload is Valid

File Names Found: flwr2001.fil flgm1001.fil flgm2001.fil flgm4001.fil flgm5001.fil flsi1001.fil flsi2001.fil flsi3001.fil flsi4001.fil flsi6001.fil flsi7001.fil flwr1001.fil

Step 9 - Click "Initialize and Load Staging Tables"

Step 10 - A message will appear indicating that the staging tables are being loaded

Loading Tables. Please wait ...

Thu Feb 11 10:39:01 EST 2010

Step 11 - The "Confirmation of Biennial Report Upload" screen will be displayed showing each file in the submission and the number of records received for each file. It will also indicate if any load errors were encountered by adding "with errors" after the record count. Click the "with errors" link to determine what load errors were encountered.

Total Number of Records Received
57517 BWR Federal Waste Code record(s) received.
6087 BGM Basic record(s) received.
18713 BGM Federal Waste code record(s) received.
6846 BGM Offsite Shipment record(s) received.
58 BGM Onsite Treatment record(s) received.
324 SI1 (HHANDLER5) record(s) received.
660 SI2 (HOWNER_OPERATOR5) record(s) received.
380 SI3 (HNAICS5) record(s) received.
5657 SI4 (HWASTE_CODE5 [EPA]) record(s) received.
38 SI6 (HUNIVERSAL_WASTE5) record(s) received.
330 SI7 (HCERTIFICATION5) record(s) received.
19582 BWR Basic record(s) received.
12 Control Records Were Built

Step 12 - Click "Continue"

Step 13 - The Status Report screen will be displayed (depending on the size of the load, it may take several minutes for the Status Report screen to be displayed)

Step 14 - Click the "Biennial Report Load" radio button and use the drop-down list to specify you state. Click "Run Report".

⊙ Biennial Report Load

○ Translator Load

○ Universe Calculations

○ GPRA Update

For BR or Translator Status Reports, please select a State to view:
FLORIDA ▾

For Translator Status Reports, please select a Module:
Select a Module ▾

Step 15 - At the bottom of the Status Report you should see the message "Translation has finished successfully" or "Translation has FAILED – Please review your error messages". If you get the "Translation has finished successfully" message, you submission was successful and your data was loaded into RCRAInfo. If you get the "Translation has FAILED…" message, your submission was not successful and you need to proceed to Step 16.

Step 16 - Review the Status Report to see the errors that were detected. You must correct the errors in the flat files and go back to Step 1.

5.2   STATUS REPORT

The Status Report provides the user with information regarding the processing of the BR load. See Step 14 above to access the Status Report in RCRAInfo.

The Status Report contains information on the files submitted, the errors detected, and the status of loading data into RCRAInfo.

5.2.1   Files Submitted

The top portion of the Status Report shows the flat files submitted and the number of records received. You should see one record for each file submitted. The record counts are provided so that you know how much data was received by RCRAInfo. If these record counts are not correct, you will need to resubmit all of your files.

02/11/2010 10:43:04	Translating BR 2009 data for FL
02/11/2010 10:43:04	File: SI1. Records: 324 received.
02/11/2010 10:43:04	File: SI2. Records: 660 received.
02/11/2010 10:43:04	File: SI3. Records: 380 received.
02/11/2010 10:43:04	File: SI4. Records: 5657 received.
02/11/2010 10:43:04	File: SI6. Records: 38 received.
02/11/2010 10:43:04	File: SI7. Records: 330 received.
02/11/2010 10:43:04	File: GM1. Records: 6087 received.
02/11/2010 10:43:04	File: GM2. Records: 18713 received.
02/11/2010 10:43:04	File: GM4. Records: 6846 received.
02/11/2010 10:43:04	File: GM5. Records: 58 received.
02/11/2010 10:43:04	File: WR1. Records: 19582 received.
02/11/2010 10:43:04	File: WR2. Records: 57517 received.

The status report will then show every file within the module (including files that were not submitted) indicating the number of records in each file, the number of records which do not have any edit errors, and the number of records that do have edit errors. If <u>any</u> of the files contain data edit errors, then **NO** data from the submission will be loaded into RCRAInfo. If the data does contain errors, you will have to correct the errors in the flat files and resubmit the entire load.

02/11/2010 10:43:26	Processing edit checks for file SI1.
02/11/2010 10:43:26	Completed edit checks for SI1. 0 records have errors.
02/11/2010 10:43:26	Processing edit checks for file SI2.
02/11/2010 10:43:26	Completed edit checks for SI2. 0 records have errors.
02/11/2010 10:43:26	Processing edit checks for file SI3.
02/11/2010 10:43:27	Completed edit checks for SI3. 0 records have errors.
02/11/2010 10:43:27	Processing edit checks for file SI4.
02/11/2010 10:43:27	Completed edit checks for SI4. 0 records have errors.
02/11/2010 10:43:27	FL has no records in file SI5.
02/11/2010 10:43:27	Processing edit checks for file SI6.
02/11/2010 10:43:27	Completed edit checks for SI6. 0 records have errors.
02/11/2010 10:43:27	Processing edit checks for file SI7.
02/11/2010 10:43:27	Completed edit checks for SI7. 0 records have errors.
02/11/2010 10:43:27	FL has no records in file SI8.
02/11/2010 10:43:27	FL has no records in file SI9.
02/11/2010 10:43:27	FL has no records in file SIA.
02/11/2010 10:43:27	FL has no records in file SIB.

5.2.2   Errors Detected

The status report will show all of the errors detected within the BR load, reporting the flat file in error, the record number in error, and the key fields for the record. Additionally, information regarding the error will be given, often making references to the error numbers in the BR Flat File Specification. All errors must be corrected and the flat files resubmitted before any data will be moved to the RCRAInfo tables.

The BR load process attempts to detect all errors so that the user can correct as many errors as possible before reloading the data. However, to make the report manageable to the user, only

the first 200 errors are reported. Additionally, correcting an error may create another error, so it is very important to always verify that your load is error-free in the status report.

02/11/2010 11:27:04	File:SI1 Rec:6 Key: RIDBRTEST006, Receive Date: 12-31-2008. RECEIVE DATE must be >= 1/1/2009 and <= Today. See SI1-016.
02/11/2010 11:27:04	File:SI1 Rec:7 Key: RIDBRTEST007, Receive Date: 12-31-2010. RECEIVE DATE must be >= 1/1/2009 and <= Today. See SI1-016.
02/11/2010 11:27:04	File:SI1 Rec:8 Key: RIDBRTEST008, Receive Date: . RECEIVE DATE must be >= 1/1/2009 and <= Today. See SI1-016.
02/11/2010 11:27:04	File:SI1 Rec:9 Key: RIDBRTEST009. The HANDLER NAME must be provided. See SI1-020.
02/11/2010 11:27:04	File:SI1 Rec:10 Key: RIDBRTEST010. The LOCATION STREET1 must be provided. See SI1-030.
02/11/2010 11:27:04	File:SI1 Rec:11 Key: RIDBRTEST011. The LOCATION CITY must be provided. See SI1-040.
02/11/2010 11:27:04	File:SI1 Rec:12 Key: RIDBRTEST012, Location State:KS. LOCATION STATE does not equal the first two characters of the HANDLER ID. See SI1-050.

5.2.3 Loading Data

Once the load is error free, the data in the SI files will be moved to the RCRAInfo production tables and a BR staging environment. The GM and WR files will be moved to the BR staging environment but will NOT be moved to the RCRAInfo production tables until the BR Cycle is final. The status report will show if the data has been successfully moved to the RCRAInfo production and BR staging tables.

02/11/2010 10:47:03	Loading 2009 BR data into RCRAINFO tables
02/11/2010 10:47:04	Completed translation load into HBASIC from SI1
02/11/2010 10:47:05	Loading data from SI1 into HHANDLER5.
02/11/2010 10:47:08	Completed loading data from SI1 into HHANDLER5.
02/11/2010 10:47:08	Loading data from SI2 into HOWNER_OPERATOR5.
02/11/2010 10:47:13	Completed loading data from SI2 into HOWNER_OPERATOR5.
02/11/2010 10:47:13	Loading data from SI3 into HNAICS5.
02/11/2010 10:47:14	Completed loading data from SI3 into HNAICS5.
02/11/2010 10:47:14	Loading data from SI4 into HWASTE_CODE5.
02/11/2010 10:47:33	Completed loading data from SI4 into HWASTE_CODE5.
02/11/2010 10:47:33	Loading data from SI5 into HWASTE_CODE5.
02/11/2010 10:47:33	Completed loading data from SI5 into RCRAINFO.HWASTE_CODE5.
02/11/2010 10:47:33	Loading data from SI6 into HUNIVERSAL_WASTE5.
02/11/2010 10:47:34	Completed loading data from SI6 into HUNIVERSAL_WASTE5.
02/11/2010 10:47:34	Loading data from SI7 into HCERTIFICATION5.
02/11/2010 10:47:34	Completed loading data from SI7 into HCERTIFICATION5.
02/11/2010 10:47:34	Loading data from SI8 into HSTATE_ACTIVITY5.
02/11/2010 10:47:34	Completed loading data from SI8 into HSTATE_ACTIVITY5.
02/11/2010 10:47:34	Loading data from SI9 into HHSM_BASIC5.
02/11/2010 10:47:34	Completed loading data from SI9 into HHSM_BASIC5.

Upon completion of the BR load process (either successful or unsuccessful), the status report will indicate that process has been completed.

| 02/11/2010 10:48:31 | Translation has finished successfully. |

or

| 02/11/2010 11:27:05 | Translation has FAILED -- Please review your error messages. |

APPENDIX A

Flat File Specifications and Data Edits

A.1 KEY FOR FLAT FILE TABLES

Data Type

    A   Alphanumeric

    I   Integer

    D   Fixed Decimal

A.2 FLAT FILE NAMING CONVENTION

Flat files names are constructed in the following manner:

    SSFFFNNN.FIL

Where:

SS	=	State Postal Code
FFF	=	Flat file identifier (for example, GM1 or GM2)
NNN	=	Julian Date when file was created

Files must be named using all **uppercase** characters.

Note: The three-character file ID distinguishes each flat file produced during the translation. For example, the correct name for the SI3 file, containing KS data, produced on January 4th, is KSSI3004.FIL.

A.3   FLAT FILE SPECIFICATIONS AND DATA EDITS

<table>
<tr><td colspan="8">FLAT FILE ID# - SI1</td></tr>
<tr><td colspan="8">Source Form: Site ID   Description: Handler Identification, Address, and Hazardous Waste Activities Information

This file must contain one and only one record for each Handler ID reporting. Also, any Handler ID appearing as the key in ANY of the "GM" or "WR" files must also be present in this file.

Key Fields: Handler ID (HANDLER_ID). Each record in the SI1 file must contain a unique Handler ID.

Note: The SI1 file is REQUIRED. One record must be provided for each handler.</td></tr>
<tr>
<th>Field Name</th>
<th>Starting Column</th>
<th>Field Length</th>
<th>Data Type</th>
<th>Description</th>
<th>Location on Form</th>
<th>Required / Cond. Required</th>
<th>Edit Number(s)</th>
</tr>
<tr>
<td>HANDLER_ID</td>
<td>1</td>
<td>12</td>
<td>A</td>
<td>EPA Identification Number</td>
<td>SI-2</td>
<td>Required</td>
<td>SI1-010, SI1-015, SI1-490, SI1-500, SI1-510, SI1-520</td>
</tr>
<tr>
<td>RECEIVE_DATE</td>
<td>13</td>
<td>8</td>
<td>Date</td>
<td>Received Date</td>
<td></td>
<td>Required</td>
<td>SI1-016</td>
</tr>
<tr>
<td>HANDLER_NAME</td>
<td>21</td>
<td>80</td>
<td>A</td>
<td>Handler Name</td>
<td>SI-3</td>
<td>Required</td>
<td>SI1-020</td>
</tr>
<tr>
<td>LOCATION_STREET_NO</td>
<td>101</td>
<td>12</td>
<td>A</td>
<td>Location Street Number</td>
<td>SI-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCATION_STREET1</td>
<td>113</td>
<td>30</td>
<td>A</td>
<td>Location Street 1</td>
<td>SI-4</td>
<td>Required</td>
<td>SI1-030</td>
</tr>
<tr>
<td>LOCATION_STREET2</td>
<td>143</td>
<td>30</td>
<td>A</td>
<td>Location Street 2</td>
<td>SI-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCATION_CITY</td>
<td>173</td>
<td>25</td>
<td>A</td>
<td>Location City</td>
<td>SI-4</td>
<td>Required</td>
<td>SI1-040</td>
</tr>
<tr>
<td>LOCATION_STATE</td>
<td>198</td>
<td>2</td>
<td>A</td>
<td>Location State</td>
<td>SI-4</td>
<td>Cond. Required</td>
<td>SI1-050, SI1-060</td>
</tr>
<tr>
<td>LOCATION_ZIP</td>
<td>200</td>
<td>14</td>
<td>A</td>
<td>Location Zip</td>
<td>SI-4</td>
<td>Required</td>
<td>SI1-070</td>
</tr>
<tr>
<td>COUNTY_CODE</td>
<td>214</td>
<td>5</td>
<td>A</td>
<td>Location County Code</td>
<td>SI-4</td>
<td>Cond. Required</td>
<td>SI1-080, SI1-085</td>
</tr>
</table>

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
LOCATION_COUNTRY	219	2	A	Location Country Code	SI-4		SI1-050, SI1-060, SI1-080, SI1-085, SI1-090, SI1-530, SI1-540
STATE_DISTRICT	221	10	A	State District			SI1-095
MAIL_STREET_NO	231	12	A	Mailing Street Number	SI-7		
MAIL_STREET1	243	30	A	Mailing Street 1	SI-7	Required	SI1-100
MAIL_STREET2	273	30	A	Mailing Street 2	SI-7		
MAIL_CITY	303	25	A	Mailing City	SI-7	Required	SI1-110
MAIL_STATE	328	2	A	Mailing State	SI-7	Cond. Required	SI1-120, SI1-130
MAIL_ZIP	330	14	A	Mailing Zip	SI-7	Required	SI1-140
MAIL_COUNTRY	344	2	A	Mailing Country Code	SI-7		SI1-120, SI1-130, SI1-150
LAND_TYPE	346	1	A	Site Land Type	SI-5	Required	SI1-160
CONTACT_FIRST_NAME	347	15	A	Contact First Name	SI-8	Required	SI1-170
CONTACT_MIDDLE_INITIAL	362	1	A	Contact Middle Initial	SI-8		
CONTACT_LAST_NAME	363	15	A	Contact Last Name	SI-8	Required	SI1-180
CONTACT_STREET_NO	378	12	A	Contact Street Number	SI-8		
CONTACT_STREET1	390	30	A	Contact Street 1	SI-8		
CONTACT_STREET2	420	30	A	Contact Street 2	SI-8		
CONTACT_CITY	450	25	A	Contact City	SI-8		
CONTACT_STATE	475	2	A	Contact State	SI-8		SI1-190, SI1-200
CONTACT_ZIP	477	14	A	Contact Zip	SI-8		
CONTACT_COUNTRY	491	2	A	Contact Country	SI-8		SI1-190, SI1-200, SI1-210
CONTACT_PHONE	493	10	A	Contact Phone Number	SI-8	Required	SI1-220

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
CONTACT_PHONE_EXT	503	6	A	Contact Phone Number Extension	SI-8		
CONTACT_FAX	509	15	A	Contact Fax Number	SI-8		
CONTACT_TITLE	524	45	A	Contact Title	SI-8		
CONTACT_EMAIL	569	80	A	Contact E-mail Address	SI-8		
FED_WASTE_GENERATOR	649	1	A	Federal Generator Status	SI-10-A-1	Required	SI1-240, SI1-275, SI1-295, SI1-540
STATE_WASTE_GENERATOR	650	1	A	State Generator Status		Required	SI1-260
SHORT_TERM_GENERATOR	651	1	A	Short Term or Temporary Generator	SI-10-A-1	Required	SI1-270, SI1-275, SI1-277, Si1-540
IMPORTER_ACTIVITY	652	1	A	U.S. Importer of Hazardous Waste	SI-10-A-1	Required	SI1-280, SI1-540
MIXED_WASTE_GENERATOR	653	1	A	Mixed Waste (hazardous and radioactive) Generator	SI-10-A-1	Required	SI1-290, SI1-295, Si1-540
TRANSPORTER	654	1	A	Transporter of Hazardous Waste	SI-10-A-2	Required	SI1-300
TRANSFER_FACILITY	655	1	A	Transfer Facility of Hazardous Waste	SI-10-A-2	Required	SI1-310, SI1-540
TSD_ACTIVITY	656	1	A	Treater, Storer, or Disposer of Hazardous Waste in a Permitted Unit	SI-10-A-3	Required	SI1-320, SI1-540
RECYCLER_ACTIVITY	657	1	A	Recycler of Hazardous Waste	SI-10-A-4	Required	SI1-330, SI1-540
ONSITE_BURNER_EXEMPTION	658	1	A	Small Quantity On-Site Burner Exemption	SI-10-A-5	Required	SI1-340, SI1-540
FURNACE_EXEMPTION	659	1	A	Smelting, Melting, and Refining Furnace Exemption	SI-10-A-5	Required	SI1-350, SI1-540
UNDERGROUND_INJECTION_ACTIVITY	660	1	A	Underground Injection Control	SI-10-A-6	Required	SI1-360, SI1-540
OFF_SITE_RECEIPT	661	1	A	Received Hazardous Waste from Off-site	SI-10-A-7	Required	SI1-362
UNIVERSAL_WASTE_DEST_FACILITY	662	1	A	Destination Facility for Universal Waste	SI-10-B-2	Required	SI1-365, SI1-540
USED_OIL_TRANSPORTER	663	1	A	Used Oil Transporter	SI-10-C-1	Required	SI1-370

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
USED_OIL_TRANSFER_FACILITY	664	1	A	Used Oil Transfer Facility	SI-10-C-1	Required	SI1-380, SI1-540
USED_OIL_PROCESSOR	665	1	A	Used Oil Processor	SI-10-C-2	Required	SI1-390, SI1-540
USED_OIL_REFINER	666	1	A	Used Oil Re-refiner	SI-10-C-2	Required	SI1-400, SI1-540
USED_OIL_BURNER	667	1	A	Off-Specification Used Oil Burner	SI-10-C-3	Required	SI1-410, SI1-540
USED_OIL_MARKET_BURNER	668	1	A	Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner	SI-10-C-4	Required	SI1-420, SI1-540
USED_OIL_SPEC_MARKETER	669	1	A	Marketer Who First Claims the Used Oil Meets the Specifications	SI-10-C-4	Required	SI1-430, SI1-540
SUBPART_K_COLLEGE	670	1	A	Opting into or Currently Operating under 40 CFR Part 262 Subpart K as a College or University	SI-10-D	Required	SI1-440, SI1-475, SI1-476, SI1-540,
SUBPART_K_HOSPITAL	671	1	A	Opting into or Currently Operating under 40 CFR Part 262 Subpart K as a Teaching Hospital	SI-10-D	Required	SI1-450, SI1-475, SI1-476, SI1-540
SUBPART_K_NONPROFIT	672	1	A	Opting into or Currently Operating under 40 CFR Part 262 Subpart K as a Non-profit Research Institute	SI-10-D	Required	SI1-460, SI1-475, SI1-476, SI1-540
SUBPART_K_WITHDRAWAL	673	1	A	Withdrawing from 40 CFR Part 262 Subpart K	SI-10-D	Required	SI1-470, SI1-475, SI1-476, SI1-540
INCLUDE_IN_NATIONAL_REPORT	674	1	A	Include this Information in the National Hazardous Waste Report		Required	SI1-480
NOTES	675	1000	A	Comments / Notes	SI-13		SI1-277
Total Record Length:		**1674**					

SI1Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SI1-010	The first two characters of the EPA ID must match the state code for which data is being submitted.	SUBSTR(HANDLER_ID,1,2) = state postal code of submission
SI1-015	Handler ID must be at least four characters and no more than twelve characters.	LENGTH(HANDLER_ID) >= 4 and LENGTH(HANDLER_ID <= 12
SI1-016	Receive Date must be greater than January 1, 2009 and no later than today.	RECEIVE_DATE >= '20090101' and RECEIVE_DATE <= today
SI1-020	Handler Name must be provided.	HANDLER_NAME <> ' '
SI1-030	Location Street1 must be provided.	LOCATION_STREET1 <> ' '
SI1-040	Location City must be provided.	LOCATION_CITY <> ' '
SI1-050	If Location Country equals 'US' or blank and Handler ID does not begin with 'NN' then Location State must equal the first two characters of the Handler ID. If Location Country equals 'US' or blank and Handler ID begins with 'NN' then Location State must equal a state postal code in LU_STATE.	If LOCATION_COUNTRY = 'US' or ' ' and SUBSTR(HANDLER_ID,1,2) <> 'NN' Then LOCATION_STATE = SUBSTR(HANDLER_ID,1,2) If LOCATION_COUNTRY = 'US' or ' ' and SUBSTR(HANDLER_ID, 1,2) = 'NN' Then LOCATION_STATE = state postal code in LU_STATE
SI1-060	If Location Country does not equal 'US' or blank, then Location State must equal a foreign state in LU_FOREIGN_STATE or blank.	If LOCATION_COUNTRY <> 'US' or ' ' Then LOCATION_STATE = foreign state in LU_FOREIGN_STATE or ' '
SI1-070	Location Zip must be provided.	LOCATION_ZIP <> ' '
SI1-080	If Location Country equals 'US' or blank, then Location County must equal a county code in LU_COUNTY.	If LOCATION_COUNTRY = 'US' or ' ' Then LOCATION_COUNTY = county code in LU_COUNTY
SI1-085	If Location Country does not equal 'US' or blank, then Location County must be blank.	If LOCATION_COUNTRY <> 'US' or ' ' Then LOCATION_COUNTY = ' '
SI1-090	Location Country must equal a country code in LU_COUNTRY or blank. If Location Country is blank, a value of 'US' will be assumed.	LOCATION_COUNTRY = country code in LU_COUNTRY or ' '
SI1-095	State District must equal an implementer-defined value in LU_STATE_DISTRICT or blank.	STATE_DISTRICT = implementer-defined value in LU_STATE_DISTRICT or STATE_DISTRICT = ' '.
SI1-100	Mail Street1 must be provided.	MAIL_STREET1 <> ' '
SI1-110	Mail City must be provided.	MAIL_CITY <> ' '
SI1-120	If Mail Country equals 'US' or blank, then Mail State must equal a state postal code in LU_STATE.	If MAIL_COUNTRY = 'US' or ' ' Then MAIL_STATE = state postal code in LU_STATE
SI1-130	If Mail Country does not equal 'US' or blank, then Mail State must equal a foreign state in LU_FOREIGN_STATE or blank.	If MAIL_COUNTRY <> 'US' or ' ' Then MAIL_COUNTRY = foreign state in LU_FOREIGN_STATE or ' '
SI1-140	Mail Zip must be provided.	MAIL_ZIP <> ' '

SI1Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SI1-150	Mail Country must equal a country code in LU_COUNTRY or blank. If Mail Country is blank, a value of 'US' will be assumed.	MAIL_COUNTRY = country code in LU_COUNTRY or ' '
SI1-160	Land Type must equal 'P', 'C', 'D', 'F', 'I', 'M', 'S', or 'O'.	LAND_TYPE = 'P' or 'C' or 'D' or 'F' or 'I' or 'M' or 'S' or 'O'
SI1-170	Contact First Name must be provided.	CONTACT_FIRST_NAME <> ' '
SI1-180	Contact Last Name must be provided.	CONTACT_LAST_NAME <> ' '
SI1-190	If Contact Country equals 'US' or blank, then Contact State must equal a state post code in LU_STATE or blank.	If CONTACT_COUNTRY = 'US' or ' ' Then CONTACT_STATE = state postal code in LU_STATE or ' '
SI1-200	If Contact Country does not equal 'US' or blank, then Contact State must equal a foreign state in LU_FOREIGN_STATE or blank.	If CONTACT_COUNTRY <> 'US' or ' ' Then CONTACT_STATE = foreign state in LU_FOREIGN_STATE or ' '
SI1-210	Contact Country must equal a country code in LU_COUNTRY or blank. If Contact Country is blank, a value of 'US' will be assumed.	CONTACT_COUNTRY = country code in LU_COUNTRY or ' '
SI1-220	Contact Phone must be provided.	CONTACT_PHONE <> ' '
SI1-240	Federal Waste Generator Status must equal a headquarter-defined generator status in LU_GENERATOR_STATUS.	FED_WASTE_GENERATOR = headquarter-defined generator status in LU_GENERATOR_STATUS
SI1-260	State Waste Generator Status must equal a implementer-defined generator status in LU_GENERATOR_STATUS.	STATE_WASTE_GENERATOR = implementer-defined generator status in LU_GENERATOR_STATUS
SI1-270	Short Term Generator must equal 'Y', 'N', or 'U'.	SHORT_TERM_GENERATOR = 'Y' or 'N' or 'U'
SI1-275	If Short Term Generator equals 'Y', then Federal Waste Generator Status cannot equal 'N'.	If SHORT_TERM_GENERATOR = 'Y' Then FED_WASTE_GENERATOR <> 'N'
SI1-277	If Short Term Generator equals 'Y', then Notes must be provided.	If SHORT_TERM_GENERATOR = 'Y' Then NOTES <> ' '
SI1-280	Importer Activity must equal 'Y' or 'N'.	IMPORTER_ACTIVITY = 'Y' or 'N'
SI1-290	Mixed Waste Generator must equal 'Y' or 'N'	MIXED_WASTE_GENERATOR = 'Y' or 'N'
SI1-295	If Mixed Waste Generator equal 'Y' Then Federal Waste Generator Status cannot equal 'N'.	If MIXED_WASTE_GENERATOR = 'Y' Then FED_WASTE_GENERATOR <> 'N'
SI1-300	Transporter Activity must equal 'Y' or 'N'	TRANSPORTER_ACTIVITY = 'Y' or 'N'
SI1-310	Transfer Facility must equal 'Y', 'N' or 'U'	TRANSFER_FACILITY = 'Y' or 'N' or 'U'
SI1-320	TSD Activity must equal 'Y' or 'N'	TSD_ACTIVITY = 'Y' or 'N'
SI1-330	Recycler Activity must equal 'Y' or 'N'	RECYCLER_ACTIVITY = 'Y' or 'N'
SI1-340	Small Quantity On-Site Burner Exemption must equal 'Y' or 'N'	ONSITE_BURNER_EXEMPTION = 'Y' or 'N'
SI1-350	Smelting, Melting, and Refining Furnace Exemption must equal 'Y' or 'N'	FURNACE_EXEMPTION = 'Y' or 'N'
SI1-360	Underground Injection Control must equal 'Y' or 'N'	UNDERGROUND_INJECTION_ACTIVITY = 'Y' or 'N'
SI1-362	Received Hazardous Waste from Off-site must equal 'Y' or 'N'	OFF_SITE_RECEIPT = 'Y' or 'N'
SI1-365	Destination Facility for Universal Waste must equal 'Y' or 'N'	UNIVERSAL_WASTE_DEST_FACILITY = 'Y' or 'N'

SI1Flat File Edit Specifications		
Edit Number	**Edit Description**	**Select Logic**
SI1-370	Used Oil Transporter must equal 'Y' or 'N'	USED_OIL_TRANSPORTER = 'Y' or 'N'
SI1-380	Used Oil Transfer Facility must equal 'Y' or 'N'	USED_OIL_TRANSFER_FACILITY = 'Y' or 'N'
SI1-390	Used Oil Processor must equal 'Y' or 'N'	USED_OIL_PROCESSOR = 'Y' or 'N'
SI1-400	Used Oil Re-refiner must equal 'Y' or 'N'	USED_OIL_REFINER = 'Y' or 'N'
SI1-410	Off-Specification Used Oil Burner must equal 'Y' or 'N'	USED_OIL_BURNER = 'Y' or 'N'
SI1-420	Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner must equal 'Y' or 'N'	USED_OIL_MARKET_BURNER = 'Y' or 'N'
SI1-430	Marketer Who First Claims the Used Oil Meets the Specifications must equal 'Y' or 'N'	USED_OIL_SPEC_MARKETER = 'Y' or 'N'
SI1-440	Opting into or currently operating under 40 CFR Part 262 Subpart K as a College or University must equal 'Y' or 'N'	SUBPART_K_COLLEGE = 'Y' or 'N'
SI1-450	Opting into or currently operating under 40 CFR Part 262 Subpart K as a Teaching Hospital must equal 'Y' or 'N'	SUBPART_K_HOSPITAL = 'Y' or 'N'
SI1-460	Opting into or currently operating under 40 CFR Part 262 Subpart K as a Non-profit Research Institute must equal 'Y' or 'N'	SUBPART_K_NONPROFIT = 'Y' or 'N'
SI1-470	Withdrawing from 40 CFR Part 262 Subpart K must equal 'Y' or 'N'	SUBPART_K_WITHDRAWAL = 'Y' or 'N'
SI1-475	If Withdrawing from 40 CFR Part 262 Subpart K equals 'Y' then Opting into or currently operating under 40 CFR Part 262 Subpart K as a College or University must equal 'N' and Opting into or currently operating under 40 CFR Part 262 Subpart K as a Teaching Hospital must equal 'N' and Opting into or currently operating under 40 CFR Part 262 Subpart K as a Non-profit Research Institute must equal 'N'	If SUBPART_K_WITHDRAWAL = 'Y' Then SUBPART_K_COLLEGE = 'N' and SUBPART_K_HOSPITAL = 'N' and SUBPART_K_NONPROFIT = 'N'
SI1-480	Include this Information in the National Hazardous Waste Report must equal 'Y' or 'N'	INCLUDE_IN_NATIONAL_REPORT = 'Y' or 'N'
SI1-490	For each handler in SI1, one NAICS record must exist in SI3 where the NAICS Sequence equals 1.	For each HANDLER_ID in SI1 there must be a record in SI3 where NAICS_SEQ = 1.
SI1-500	For each handler in SI1, one certification record must exist in SI7 where the Certification Sequence equals 1.	For each HANDLER_ID in SI1 there must be a record in SI7 where CERT_SEQ = 1.
SI1-510	For each handler in SI1, at least one owner record must exist in SI2 where the Owner / Operator Indicator equals 'CO' and at least one operator record must exist in SI2 where the Owner / Operator Indicator equals 'CP'.	For each HANDLER_ID in SI1 there must be a record in SI2 where OWNER_OPERATOR_INDICATOR = 'CO' and a record in SI2 where OWNER_OPERATOR_INDICATOR = 'CP'

SI1Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SI1-520	If Federal Generator Status equals '1', '2', or '3', or TSD Activity equals 'Y' or Recycler Activity equals 'Y' or Small Quantity On-Site Burner Exemption equals 'Y' or Smelting, Melting, and Refining Furnace Exemption equals 'Y', then one waste code record must exist in SI4 or SI5.	If FED_WASTE_GENERATOR = '1' or '2' or '3' or TSD_ACTIVITY = 'Y' or RECYCLER_ACTIVITY = 'Y' or ONSITE_BURNER_EXEMPTION = 'Y' or FURNACE_EXEMPTION = 'Y' Then there must be a record in SI4 or SI5 where HANDLER_ID in SI4 or SI5 = HANDLER_ID in SI1.
SI1-530	If Location Country does not equal 'US' or blank Then HSM data cannot be provided.	If LOCATION_COUNTRY <> 'US' or ' ' Then there cannot be a record in SI9 where HANDLER_ID in SI1 = HANDLER_ID in SI9.
SI1-540	If Location Country does not equal 'US' or blank Then the following activities must equal 'N': Federal Generator Status, Importer Activity, Short-Term Generator, Mixed Waste Generator, Transfer Facility, TSD Activity, Recycler Activity, On-site Burner Exemption, Furnace Exemption, Underground Injection Activity, Universal Waste Destination Facility, Used Oil Burner, Used Oil Transfer Facility, Used Oil Processor, Used Oil Refiner, Used Oil Specification Marketer, Used Oil Fuel Marketer, Subpart K-College, Subpart K-Hospital, Subpart K-Non-profit, and Subpart K-Withdrawal.	If LOCATION_COUNTRY <> 'US' or ' ' Then FED_WASTE_GENERATOR = 'N' AND IMPORTER_ACTIVITY = 'N' AND SHORT_TERM_GENERATOR = 'N" AND MIXED_WASTE_GENERATOR = 'N' AND TRANSFER_FACILITY = 'N' AND TSD_ACTIVITY = 'N' AND RECYCLER_ACTIVITY = 'N' AND ONSITE_BURNER_EXEMPTION = 'N' AND FURNACE_EXEMPTION = 'N' AND UNDERGROUND_INJECTION_ACTIVITY = 'N' AND UNIVERSAL_WASTE_DEST_FACILITY = 'N' AND USED_OIL_BURNER = 'N' AND USED_OIL_TRANSFER_FACILITY = 'N' AND USED_OIL_PROCESSOR = 'N' AND USED_OIL_REFINER = 'N' AND USED_OIL_SPEC_MARKETER = 'N' AND SUBPART_K_COLLEGE = 'N' AND SUBPART_K_HOSPITAL = 'N' AND SUBPART_K_NONPROFIT = 'N' AND SUBPART_K_WITHDRAWAL = 'N'

FLAT FILE ID# - SI2

Source Form: Site ID   **Description:** Owner/Operator Name and Address

This file reports the owner and operator name and address for each site. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple owner and operator names and addresses for each site.

Key Fields: Handler ID (HANDLER_ID); Owner/Operator Sequence Number (OWNER_OPERATOR_SEQ). Each record in the SI2 file must contain a unique combination of the Handler ID and Owner/Operator Sequence Number.

Note: The SI2 file is REQUIRED. At least two records must be provided for each handler – one record for the current owner and one record for the current operator.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SI2-010
OWNER_OPERATOR_SEQ	13	6	I	Owner/Operator Sequence Number		Required	SI2-020
OWNER_OPERATOR_INDICATOR	19	2	A	Owner/Operator Indicator		Required	SI2-030
OWNER_OPERATOR_NAME	21	40	A	Owner/Operator Name	SI-9	Required	SI2-040
DATE_BECAME_CURRENT	61	8	Date	Date the Owner/Operator Became Current	SI-9	Required	SI2-050
OWNER_OPERATOR_TYPE	69	1	A	Owner/Operator Type	SI-9	Required	SI2-060
STREET_NO	70	12	A	Owner/Operator Street Number	SI-9		
STREET1	82	30	A	Owner/Operator Street 1	SI-9		
STREET2	112	30	A	Owner/Operator Street 2	SI-9		
CITY	142	25	A	Owner/Operator City	SI-9		
STATE	167	2	A	Owner/Operator State	SI-9		SI2-070, SI2-080
ZIP	169	14	A	Owner/Operator Zip	SI-9		
COUNTRY	183	2	A	Owner/Operator Country	SI-9		SI2-070, SI2-080, SI2-090
PHONE	185	15	A	Owner/Operator Phone Number	SI-9		
NOTES	200	240	A	Comments / Notes			
Total Record Length:		**439**					

SI2 Flat File Edit Specifications		
Edit Number	**Edit Description**	**Select Logic**
SI2-010	Handler ID must exist in SI1	HANDLER_ID must exist in SI1
SI2-020	Owner / Operator Sequence must be greater than zero.	OWNER_OPERATOR_SEQ > 0
SI2-030	Owner / Operator Indicator must equal 'CO' or 'CP'.	OWNER_OPERATOR_INDICATOR = 'CO' or 'CP'
SI2-040	Owner / Operator Name must be provided.	OWNER_OPERATOR_NAME <> ' '
SI2-050	Date the Owner /Operator Became Current must be a valid date greater than or equal to January 1, 1600.	DATE_BECAME_CURRENT >= '16000101'
SI2-060	Owner / Operator Type must equal 'P', 'C', 'D', 'F', 'I', 'M', 'S', or 'O'.	OWNER_OPERATOR_TYPE = 'P' or 'C' or 'D' or 'F' or 'I' or 'M' or 'S' or 'O'
SI2-070	If Owner / Operator Country equals 'US' or blank, then Owner / Operator State must equal a state postal code in LU_STATE or blank.	If COUNTRY = 'US' or ' ' Then STATE = state postal code in LU_STATE or ' '
SI2-080	If Owner / Operator Country does not equal 'US' or blank, then Owner / Operator State must equal a foreign state in LU_FOREIGN_STATE or blank.	If COUNTRY <> 'US' or ' ' Then STATE = foreign state in LU_FOREIGN_STATE or ' '
SI2-090	Owner / Operator Country must equal a country code in LU_COUNTRY or blank. If Owner / Operator Country is blank, a value of 'US' will be assumed.	COUNTRY = country code in LU_COUNTRY or ' '

FLAT FILE ID# - SI3

Source Form: Site ID   **Description:** North American Industry Classification System Codes for the Site

This file captures the information contained in Item 6 of the Site ID form. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple NAICS for each site.

Key Fields: Handler ID (HANDLER_ID); NAICS Sequence Number (NAICS_SEQ). Each record in the SI3 file must contain a unique combination of the Handler ID and NAICS Sequence Number.

Note: The SI3 file is REQUIRED. At least one record with a sequence number of 1 (indicating the primary NAICS) must be provided for each handler.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SI3-010
NAICS_SEQ	13	4	I	NAICS Sequence Number		Required	SI3-020
NAICS_CODE	17	6	A	NAICS Code	SI-6	Required	SI3-030
Total Record Length:		**22**					

SI3 Flat File Edit Specifications		
Edit Number	**Edit Description**	**Select Logic**
SI3-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
SI3-020	NAICS Sequence must be greater than zero.	NAICS_SEQ > 0
SI3-030	NAICS Code must equal a headquarters-defined NAICS code in LU_NAICS.	NAICS_CODE = headquarters-defined NAICS code in LU_NAICS.

FLAT FILE ID# - SI4

Source Form: Site ID   **Description:** EPA Hazardous Waste Codes

This file captures the information contained in Item 11-A of the Site ID form. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple waste codes for each site.

Key Fields: Handler ID (HANDLER_ID); EPA Waste Code (EPA_WASTE_CODE). Each record in the SI4 file must contain a unique combination of the Handler ID and EPA Waste Code.

Note: The SI4 file is REQUIRED for handlers that have generation (LQG, SQG, or CESQG), TSD, Recycler, or Exempt Boiler and/or Industrial Furnace activities.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SI4-010
EPA_WASTE_CODE	13	4	A	Waste Code for Federally-Regulated Hazardous Wastes	SI-11-A	Required	SI4-020
Total Record Length:		**16**					

SI4 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SI4-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
SI4-020	EPA Waste Code must equal a headquarters-defined waste code in LU_WASTE_CODE.	EPA_WASTE_CODE = headquarters-defined waste code in LU_WASTE_CODE.

FLAT FILE ID# - SI5

Source Form: Site ID   **Description:** State Hazardous Waste Codes

This file captures the information contained in Item 11-B of the Site ID form. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple waste codes for each site.

Key Fields: Handler ID (HANDLER_ID); State Waste Code (STATE_WASTE_CODE). Each record in the SI5 file must contain a unique combination of the Handler ID and State Waste Code.

Note: The SI5 file is NOT REQUIRED. The edits for this file apply only if you provide data for this file.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SI5-010
STATE_WASTE_CODE	13	6	A	Waste Code for State-Regulated Hazardous Waste	SI-11-B	Required	SI5-020
Total Record Length:		**18**					

SI5 Flat File Edit Specifications		
Edit Number	**Edit Description**	**Select Logic**
SI5-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
SI5-020	State Waste Code must equal an implementer-defined waste code in LU_WASTE_CODE.	STATE_WASTE_CODE = implementer-defined waste code in LU_WASTE_CODE.

FLAT FILE ID# - SI6

Source Form: Site ID   **Description:** Universal Waste Activities

This file captures the information contained in Item 10-B-1 of the Site ID form. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple universal wastes for each site.

Key Fields: Handler ID (HANDLER_ID); Universal Waste Owner (UNIVERSAL_WASTE_OWNER); Universal Waste (UNIVERSAL_WASTE). Each record in the SI6 file must contain a unique combination of the Handler ID, Universal Waste Owner, and Universal Waste.

If the Universal Waste is a headquarters-defined universal waste (i.e., lamps, batteries, pesticides, or mercury containing equipment), the Universal Waste Owner will be equal to 'HQ'.
If the Universal Waste is an implementer-defined universal waste, the Universal Waste Owner will be equal to the State of submission.

Note: The SI6 file is REQUIRED for handlers that accumulated / managed lamps, batteries, pesticides, or mercury containing equipment.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SI6-010
UNIVERSAL_WASTE_OWNER	13	2	A	Universal Waste Owner		Required	SI6-020, SI6-040, SI6-050, SI6-060, SI6-070
UNIVERSAL_WASTE	15	1	A	Universal Waste	SI-10-B-1	Required	SI6-030
GENERATED	16	1	A	Generated			SI6-060
ACCUMULATED	17	1	A	Accumulated / Managed	SI-10-B-1	Required	SI6-040, SI6-050, SI6-070
Total Record Length:		**17**					

SI6 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SI6-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
SI6-020	Universal Waste Owner must equal 'HQ' or the State of submission.	UNIVERSAL_WASTE_OWNER = 'HQ' or State of submission
SI6-030	Universal Waste Type must equal a headquarters or implementer-defined universal waste type in LU_UNIVERSAL_WASTE.	UNIVERSAL_WASTE_TYPE = headquarter or implementer-defined universal waste type in LU_UNIVERSAL_WASTE
SI6-040	If Universal Waste Owner equals 'HQ' then Accumulated / Managed must equal 'Y'	If UNIVERSAL_WASTE_OWNER = 'HQ' Then ACCUMULATED = 'Y'
SI6-050	If Universal Waste Owner equals State of submission then Accumulated / Managed must equal 'Y' or 'N'	If UNIVERSAL_WASTE_OWNER = State of submission Then ACCUMULATED = 'Y' or 'N'
SI6-060	If Universal Waste Owner equals state of submission then Generated must equal 'Y' or 'N'	If UNIVERSAL_WASTE_OWNER = State of submission Then GENERATED = 'Y' or 'N'
SI6-070	If Universal Waste Owner equals State of submission then Accumulated / Managed must equal 'Y' or Generated must equal 'Y'	If UNIVERSAL_WASTE_OWNER = state of submission Then ACCUMULATED = 'Y' or GENERATED = 'Y'

Note: If the Universal Waste Type is headquarters-defined, then the Generated field will be set to null, regardless of the value provided by the submitter.

FLAT FILE ID# - SI7

Source Form: Site ID   **Description:** Site Identification Form Certification

This file captures the information contained in Item14 of the Site ID form. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple certifications for each site.

Key Fields: Handler ID (HANDLER_ID); Certification Sequence Number (CERT_SEQ). Each record in the SI7 file must contain a unique combination of the Handler ID and Certification Sequence Number.

Note: The SI7 file is REQUIRED. At least one record must be provided for each handler.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SI7-010
CERT_SEQ	13	6	I	Certification Sequence Number		Required	SI7-020
CERT_FIRST_NAME	19	15	A	Certification First Name	SI-14	Required	SI7-030
CERT_MIDDLE_INITIAL	34	1	A	Certification Middle Initial	SI-14		
CERT_LAST_NAME	35	15	A	Certification Last Name	SI-14	Required	SI7-040
CERT_TITLE	50	45	A	Certification Title	SI-14	Required	SI7-050
CERT_SIGNED_DATE	95	8	Date	Date Certification was Signed	SI-14	Required	SI7-060
Total Record Length:		**102**					

SI7 Flat File Edit Specifications		
Edit Number	**Edit Description**	**Select Logic**
SI7-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
SI7-020	Certification Sequence must be greater than zero.	CERT_SEQ > 0
SI7-030	Certification First Name must be provided.	CERT_FIRST_NAME <> ' '
SI7-040	Certification Last Name must be provided.	CERT_LAST_NAME <> ' '
SI7-050	Certification Title must be provided.	CERT_TITLE <> ' '
SI7-060	Date Certification was Signed must be a valid date greater than or equal to January 1, 2009 and less than today.	CERT_SIGNED_DATE >= '20090101' and CERT_SIGNED_DATE <= Today

FLAT FILE ID# - SI8

Source Form: Site ID   **Description:** State-Specific Activities

This file reports the state-specific activities for each site. Although not on the EPA Form 8700-13A/B, this file available for States who wish to report this information. The relationship of these data records to the reported site is *n*:1, that is, there can be state activities for each site.

Key Fields: Handler ID (HANDLER_ID); State Activity (STATE_ACTIVITY). Each record in the SI8 file must contain a unique combination of the Handler ID and State Activity.

Note: The SI8 file is NOT REQUIRED. The edits for this file apply only if you provide data for this file.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SI8-010
STATE_ACTIVITY	13	5	A	State Activity		Required	SI8-020
Total Record Length:		**17**					

SI8 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SI8-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
SI8-020	State Activity must equal an implementer-defined state activity in LU_STATE_ACTIVITY.	STATE_ACTIVITY = implementer-defined state activity in LU_STATE_ACTIVITY.

FLAT FILE ID# - SI9

Source Form: Site ID   **Description:** Hazardous Secondary Material Basic Information

This file captures the information contained in Items 1 and 3 of the Addendum to the Site ID form. The relationship of these data records to the reported site is 1:1, that is, there can only be one record for each site.

Key Fields: Handler ID (HANDLER_ID. Each record in the SI9 file must contain a unique Handler ID.

Note: The SI9 file is REQUIRED for handlers that will manage, are managing, or have stopped managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25).

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SI9-010, SI9-050
REASON_FOR_NOTIFICATION	13	1	A	Reason for Notification	ADD-1	Required	SI9-020, SI9-030
HSM_EFFECTIVE_DATE	14	8	Date	Hazardous Secondary Material Effective Date	ADD-1	Cond. Required	SI9-030
HSM_FA	22	1	A	Hazardous Secondary Material Financial Assurance	ADD-3	Required	SI9-040
Total Record Length:		**22**					

SI9 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SI9-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
SI9-020	Reason for Notification must equal 'I', 'R', or 'S'	REASON_FOR_NOTIFICATION = 'I' or 'R' or 'S'
SI9-030	If Reason for Notification equals 'I' or 'S' then Hazardous Secondary Material Effective Date must be greater than December 29, 2008 If Reason for Notification equals 'R' then Hazardous Secondary Material Effective Date must be blank	If REASON_FOR_NOTIFICATION = 'I' or 'S' Then HSM_EFFECTIVE_DATE >= '20081229' If REASON_FOR_NOTIFICATION = 'R' Then HSM_EFFECTIVE_DATE = blank
SI9-040	If Facility Code in SIA equals '07', '08', or '11' then Hazardous Secondary Material Financial Assurance must equal 'Y' or 'N' If Facility Code in SIA does not equal '07', '08', or '11' then Hazardous Secondary Material Financial Assurance must equal 'N'	If FACILITY_CODE in SIA = '07' or '08' or '11' Then HSM_FA = 'Y' or 'N' If FACILITY_CODE in SIA <> '07' or '08' or '11' Then HSM_FA = 'N'
SI9-050	For each handler in SI9, one HSM activity record must exist in SIA.	For each HANDLER_ID in SI9 there must be a record in SIA.

FLAT FILE ID# - SIA

Source Form: Site ID   **Description:** Hazardous Secondary Material Activity

This file captures the information contained in Item 2 of the Addendum to the Site ID form. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple HSM activities for each site.

Key Fields: Handler ID (HANDLER_ID); HSM Sequence Number (HSM_SEQ_NUMBER). Each record in the SIA file must contain a unique combination of the Handler ID and HSM Sequence Number.

Note: The SIA file is REQUIRED for handlers that will manage, are managing, or have stopped managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25).

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SIA-010, SIA-100
HSM_SEQ_NUMBER	13	2	I	Hazardous Secondary Material Sequence Number		Required	SIA-020, SIA-100
FACILITY_CODE	15	2	A	Facility Code	ADD-2-A	Required	SIA-030
ESTIMATE_SHORT_TONS	17	10	I	Estimated Tons of HSM Managed Annually	ADD-2-C	Required	SIA-040, SIA-050
ACTUAL_SHORT_TONS	27	10	I	Actual Tons of HSM Managed Annually	ADD-2-D	Required	SIA-060, SIA-070, SIA-080
LAND_BASED_UNIT	37	2	A	Land-based Unit Code	ADD-2-E	Required	SIA-090
Total Record Length:		**38**					

SIA Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SIA-010	Handler ID must exist in SI9.	HANDLER_ID must exist in SI9
SIA-020	HSM Sequence Number must be greater than zero.	HSM_SEQUENCE_NUMBER > 0
SIA-030	Facility Code must equal a headquarters-defined facility code in LU_HSM_FACILITY_CODE.	FACILITY_CODE = headquarters-defined facility code in LU_HSM_FACILITY_CODE.
SIA-040	If Reason For Notification equals 'I' or 'R' then Estimated Tons of HSM Managed Annually must be greater than zero.	If REASON_FOR_NOTIFICATION = 'N' or 'R' Then ESTIMATE_SHORT_TONS > 0
SIA-050	If Reason for Notification equals 'S' then Estimated Tons of HSM Managed Annually must equal zero.	If REASON_FOR_NOTIFICATION = 'S' Then ESTIMATE_SHORT_TONS = 0
SIA-060	If Reason for Notification equals 'R' then Actual Tons of HSM Managed Annually must be greater than or equal to zero.	If REASON_FOR_NOTIFICATION = 'R' Then ACTUAL_SHORT_TONS >= 0
SIA-070	If Reason for Notification equals 'I' then Actual Tons of HSM Managed Annually must equal zero.	If REASON_FOR_NOTIFICATION = 'I' Then ACTUAL_SHORT_TONS = 0
SIA-080	If Reason for Notification equals 'S' then Actual Tons of HSM Managed Annually must be greater than or equal to zero.	If REASON_FOR_NOTIFICATION = 'S' Then ACTUAL_SHORT_TONS >= 0
SIA-090	Land-based Unit Code must equal 'NA', 'SI', 'PL', or 'OT'	LAND_BASED_UNIT = 'NA' or 'SI' or 'PL' or 'OT'
SIA-100	For each handler/HSM sequence number in SIA, one HSM waste code record must exist in SIB.	For each HANDLER_ID and HSM_SEQ_NUMBER in SIA there must be a record in SIB.

FLAT FILE ID# - SIB

Source Form: Site ID   **Description:** Hazardous Secondary Material Waste Codes

This file captures the information contained in Item 2.C of the Addendum to the Site ID form. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple waste codes for each site / HSM sequence number.

Key Fields: Handler ID (HANDLER_ID); HSM Sequence Number (HSM_SEQUENCE_NUMBER), Waste Code (WASTE_CODE). Each record in the SIB file must contain a unique combination of the Handler ID, HSM Sequence Number, and Waste Code.

Note: The SIB file is REQUIRED for handlers that will manage, are managing, or have stopped managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25).

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number	SI-2	Required	SIB-010
HSM_SEQ_NUMBER	13	2	I	Hazardous Secondary Material Sequence Number		Required	SIB-010
WASTE_CODE	15	4	A	EPA Hazardous Waste Code	ADD-2-C	Required	SIB-020
Total Record Length:		**18**					

SIB Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
SIB-010	Handler ID and HSM Sequence Number must exist in SIA.	HANDLER_ID and HSM_SEQ_NUMBER must exist in SIA
SIB-020	Waste Code must equal a headquarters-defined waste code in LU_WASTE_CODE.	WASTE_CODE = headquarters-defined waste code in LU_WASTE_CODE.

FLAT FILE ID# - GM1

Source Form: GM   **Description:** Waste Generation and Management Information

This file captures data elements that have 1:1 relationship to the reported waste. These data elements are as follows: GM Items 1.A, and 1.D through 1.G.

Key Fields: Handler ID (HANDLER_ID); Page Number (HZ_PG). Each record in the GM1 file must contain a unique combination of the Handler ID and Page Number.

Note: The GM1 file is REQUIRED for handlers that generated RCRA hazardous waste that, in 2009, was accumulated on-site; managed on-site in a treatment, storage, or disposal unit; and/or shipped off-site for management..

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number		Required	GM1-010, GM1-190
HZ_PG	13	5	I	Page Number		Required	GM1-020, GM1-190
FORM_CODE	18	4	A	Waste Form Code	GM-1-E	Required	GM1-060
UNIT_OF_MEASURE	22	1	A	Unit of Measure	GM-1-F	Required	GM1-080, GM1-090, GM1-100
WST_DENSITY	23	6	D3.2	Density	GM-1-F	Cond. Required	GM1-090
DENSITY_UNIT_OF_MEASURE	29	1	A	Density Unit of Measure	GM-1-F	Cond. Required	GM1-100
MANAGEMENT_METHOD	30	4	A	Management Method (for source code 'G25" only)	GM-1-D	Cond. Required	GM1-050
WASTE_MIN_CODE	34	1	A	Waste Minimization Indicator	GM-1-G	Required	GM1-110
SOURCE CODE	35	3	A	Source Code	GM-1-D	Required	GM1-040, GM1-050, GM1-055, GM1-056
GEN_QTY	38	18	D11.6	Quantity Generated in Reporting Year	GM-1-F	Required	GM1-055, GM1-070
INCLUDE_IN_NATIONAL_REPORT	56	1	A	Include Information in the National Hazardous Waste Report		Required	GM1-180
DESCRIPTION	57	240	A	Waste Stream Description	GM-1-A	Required	GM1-030

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
NOTES	297	240	A	Comments/Notes	Bottom of form		
ON_SITE_MANAGEMENT	537	1	A	Was this Waste Stream Managed On-Site	GM-2	Required	GM1-120, GM1-130, GM1-140
OFF_SITE_SHIPMENT	538	1	A	Was this Waste Stream Shipped Off-Site	GM-3-A	Required	GM1-150, GM1-160, GM1-170
Total Record Length:		**538**					

GM1 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
GM1-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
GM1-020	Page Number must be greater than zero.	HZ_PG > 0
GM1-030	Waste Stream Description must be provided.	DESCRIPTION <> ' '
GM1-040	Source Code must equal a headquarter-defined source code in LU_SOURCE_CODE.	SOURCE_CODE = headquarter-defined source code in LU_SOURCE_CODE
GM1-050	If Source Code equals 'G25' then Management Method must equal a headquarter-defined management method in LU_MANAGEMENT_METHOD else Management Method must equal ' '	If SOURCE_CODE = 'G25' Then MANAGEMENT_METHOD = headquarter-defined management method in LU_MANAGEMENT_METHOD Else MANAGEMENT_METHOD = ' '
GM1-055	If Source Code equals 'G17' then Quantity Generated must equal zero.	If SOURCE_CODE = 'G17' Then GEN_QTY = 0.
GM1-056	If Source Code equals 'G17' then handler must have opted into the Subpart K rule.	If SOURCE_CODE = 'G17' Then SUBPART_K_COLLEGE in SI1 = 'Y' or SUBPART_K_HOSPITAL in SI1 = 'Y' or SUBPART_K_NONPROFIT in SI1 = 'Y' or SUBPART_K_WITHDRAWAL in SI1 = 'Y'.
GM1-060	Form Code must equal a headquarter-defined form code in LU_FORM_CODE.	FORM_CODE = headquarter-defined form code in LU_FORM_CODE
GM1-070	Quantity Generated must be greater than or equal to zero.	GEN_QTY >= 0
GM1-080	Unit of Measure must equal a headquarter-defined unit of measure in LU_BR_UOM.	UNIT_OF_MEASURE = headquarter-defined unit of measure in LU_BR_UOM
GM1-090	If Unit of Measure equals '5', '6', or '7', then Density must be greater than zero else Density must equal 0.	If UNIT_OF_MEASURE = '5' or '6' or '7' Then WST_DENSITY > 0 Else WST_DENSITY = 0
GM1-100	If Unit of Measure equals '5', '6', or '7', then Density Unit of Measure must equal a headquarter-defined unit of measure in LU_DENSITY_UOM else Density Unit of Measure must equal blank.	If UNIT_OF_MEASURE = '5' or '6' or '7' Then DENSITY_UNIT_OF_MEASURE = headquarter-defined density unit of measure in LU_DENSITY_UOM Else DENSITY_UNIT_OF_MEASURE = ' '
GM1-110	Waste Minimization must equal a headquarter-defined waste minimization code in LU_WASTE_MINIMIZATION.	WASTE_MIN_CODE = headquarter-defined waste minimization code in LU_WASTE_MINIMIZATION
GM1-120	On-Site Management Indicator must equal 'Y' or 'N'	ON_SITE_MANAGEMENT = 'Y' or 'N'
GM1-130	If On-Site Management Indicator equals 'Y' then at least one corresponding record must exist in GM5.	If ON_SITE_MANAGEMENT = 'Y' Then HANDLER_ID and HZ_PG in GM1 must exist in GM5
GM1-140	If On-Site Management Indicator equals 'N' then no corresponding record may exist in GM5.	If ON_SITE_MANAGEMENT = 'N' Then HANDLER_ID and HZPG in GM1 cannot exist in GM5
GM1-150	Off-Site Management Indicator must equal 'Y' or 'N'	OFF_SITE_MANAGEMENT = 'Y' or 'N'
GM1-160	If Off-Site Management Indicator equals 'Y' then at least one corresponding record must exist in GM4.	If OFF_SITE_MANAGEMENT = 'Y' Then HANDLER_ID and HZ_PG in GM1 must exist in GM4
GM1-170	If Off-Site Management Indicator equals 'N' then no corresponding record may exist in GM4.	If OFF_SITE_MANAGEMENT = 'N' Then HANDLER_ID and HZ_PG in GM1 must exist in GM4

GM1 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
GM1-180	If Include in National Report in the SI1 file equals 'N' then Include in National Report must equal 'N' else Include in National Report must equal 'N' or 'Y'.	If INCLUDE_IN_NATIONAL_REPORT in SI1= 'N' Then INCLUDE_IN_NATIONAL_REPORT = 'N' Else INCLUDE_IN_NATIONAL_REPORT = 'N' or 'Y'
GM1-190	For each handler and page number in GM1, one record must exist in GM2 or GM3	For each HANDLER_ID and HZ_PG in GM1 there must be a record in GM2 or GM3.
GM1-200	If Waste Minimization equals 'Y' or 'N' then Notes must be provided.	If WASTE_MIN_CODE equals 'Y' or 'N' then NOTES <> ' '

FLAT FILE ID# - GM2

Source Form: GM   **Description:** EPA Hazardous Waste Codes

This file captures the information contained in Item 1.B of the GM form. The relationship of these data records to the reported waste is *n*:1, that is, there can be multiple waste codes for each reported waste.

Key Fields: Handler ID (HANDLER_ID); Page Number (HZ_PG); EPA Waste Code (EPA_WASTE_CODE). Each record in the GM2 file must contain a unique combination of the Handler ID, Page Number, and EPA Waste Code.

Note: For each waste stream, either EPA Hazardous Waste Code information (GM2) is REQUIRED or State Hazardous Waste Code information (GM3) is REQUIRED.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number		Required	GM2-010
HZ_PG	13	5	I	Page Number		Required	GM2-010
EPA_WASTE_CODE	18	4	A	EPA Hazardous Waste Code	GM-1-B	Required	GM2-020
Total Record Length:		**21**					

GM2 Flat File Edit Specifications		
Edit Number	**Edit Description**	**Select Logic**
GM2-010	Handler ID and Page Number must exist in GM1.	HANDLER_ID and HZ_PG must exist in GM1
GM2-020	EPA Waste Code must equal a headquarters-defined waste code in LU_WASTE_CODE.	EPA_WASTE_CODE = headquarters-defined waste code in LU_WASTE_CODE.

FLAT FILE ID# - GM3

Source Form: GM   **Description:** State Hazardous Waste Codes

This file captures the information contained in Item 1.C of the GM form. The relationship of these data records to the reported waste is *n*:1, that is, there can be multiple waste codes for each reported waste.

Key Fields: Handler ID (HANDLER_ID); Page Number (HZ_PG); State Waste Code (STATE_WASTE_CODE). Each record in the GM3 file must contain a unique combination of the Handler ID, Page Number, and State Waste Code.

Note: For each waste stream, either EPA Hazardous Waste Code information (GM2) is REQUIRED or State Hazardous Waste Code information (GM3) is REQUIRED.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number		Required	GM3-010
HZ_PG	13	5	I	Page Number		Required	GM3-010
STATE_WASTE_CODE	18	6	A	State Hazardous Waste Code	GM-1-C	Required	GM3-020
Total Record Length:		**23**					

GM3 Flat File Edit Specifications		
Edit Number	**Edit Description**	**Select Logic**
GM3-010	Handler ID and Page Number must exist in GM1.	HANDLER_ID and HZ_PG must exist in GM1
GM3-020	State Waste Code must equal an implementer-defined waste code in LU_WASTE_CODE.	STATE_WASTE_CODE = implementer-defined waste code in LU_WASTE_CODE.

FLAT FILE ID# - GM4

Source Form: GM   **Description:** Off-Site Management Information for the Reported Waste

This file captures off-site treatment information for the reported waste as represented in GM Items 3.B through 3.D. The relationship of these data records to the reported waste is *n*:1, that is, there can be multiple off-site information for each reported waste.

Key Fields: Handler ID (HANDLER_ID); Page Number (HZ_PG); Off-Site Sequence Number (IO_PG_NUM_SEQ). Each record in the GM4 file must contain a unique combination of the Handler ID, Page Number, and Off-Site Sequence Number.

Note: The GM4 file is REQUIRED for handlers that generated RCRA hazardous waste that, in 2009, was shipped off-site for management.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number		Required	GM4-010
HZ_PG	13	5	I	Page Number		Required	GM4-010
IO_PG_NUM_SEQ	18	5	I	Off-Site Sequence Number		Required	GM4-020
MANAGEMENT_METHOD	23	4	A	Management Method	GM-3-C	Required	GM4-040
IO_TDR_ID	27	12	A	EPA ID Number of the Facility to which Waste was Shipped	GM-3-B	Required	GM4-030
IO_TDR_QTY	39	18	D11.6	Total Quantity Shipped to EPA ID in Current Reporting Year	GM-3-D	Required	GM4-050
Total Record Length:		**56**					

GM4 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
GM4-010	Handler ID and Page Number must exist in GM1.	HANDLER_ID and HZ_PG must exist in GM1
GM4-020	Off-Site Sequence must be greater than zero.	IO_PG_NUM_SEQ > 0
GM4-030	EPA ID Number of the Facility to which Waste was Shipped must begin with a state postal code in LU_STATE.	SUBSTR(IO_TDR_ID,1,2) = state postal code in LU_STATE
GM4-040	Management Method must equal a headquarter-defined management method in LU_MANAGEMENT_METHOD.	MANAGEMENT_METHOD = headquarter-defined management method in LU_MANAGEMENT_METHOD
GM4-050	Total Quantity Shipped to EPA ID in Current Reporting Year must be greater than zero and less than 99,999,999,999.999999.	IO_TDR_QTY > 0 and <= 99999999999.999999

FLAT FILE ID# - GM5

Source Form: GM   **Description:** On-Site Management Information for the Reported Waste

This file captures on-site treatment information for the reported waste as represented in GM Item 2. The relationship of these data records to the reported waste is *n*:1, that is, there can be multiple off-site information for each reported waste.

Key Fields: Handler ID (HANDLER_ID); Page Number (HZ_PG); On-Site Sequence Number (SYS_PG_NUM_SEQ). Each record in the GM5 file must contain a unique combination of the Handler ID, Page Number, and On-Site Sequence Number.

Note: The GM5 file is REQUIRED for handlers that generated RCRA hazardous waste that, in 2009, was accumulated on-site or managed on-site in a treatment, storage, or disposal unit.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number		Required	GM5-010
HZ_PG	13	5	I	Page Number		Required	GM5-010
SYS_PG_NUM_SEQ	18	5	I	On-Site Sequence Number		Required	GM5-020
MANAGEMENT_METHOD	23	4	A	Management Method	GM-2	Required	GM5-030
SYS_TDR_QTY	27	18	D11.6	Total Quantity Treated, Disposed, or Recycled On-Site in Current Reporting Year	GM-2	Required	GM5-040
Total Record Length:		**44**					

GM5 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
GM5-010	Handler ID and Page Number must exist in GM1.	HANDLER_ID and HZ_PG must exist in GM1
GM5-020	On-Site Sequence must be greater than zero.	SYS_PG_NUM_SEQ > 0
GM5-030	Management Method must equal a headquarter-defined management method in LU_MANAGEMENT_METHOD.	MANAGEMENT_METHOD = headquarter-defined management method in LU_MANAGEMENT_METHOD
GM5-040	Total Quantity Treated, Disposed, or Recycled On-Site in Current Reporting Year must be greater than zero and less than 99,999,999,999.999999.	SYS_TDR_QTY > 0 and <= 99999999999.999999

FLAT FILE ID# - WR1

Source Form: WR   **Description:** Waste Received From Off-Site

This file captures the information contained in Item A and Items D through H of the WR form. The relationship of these data records to the reported site is *n*:1, that is, there can be multiple received waste for each site.

Key Fields: Handler ID (HANDLER_ID); Page Number (HZ_PG); Waste Number (SUB_PG_NUM). Each record in the WR1 file must contain a unique combination of the Handler ID, Page Number and Waste Number.

Note: The WR1 file is REQUIRED for handlers who, during 2009, received RCRA hazardous waste from off-site.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number		Required	WR1-010, WR1-130
HZ_PG	13	5	I	Page Number		Required	WR1-020, WR1-130
SUB_PG_NUM	18	1	I	Waste Number		Required	WR1-030, WR1-130
FORM_CODE	19	4	A	Form Code	WR-G	Required	WR1-100
UNIT_OF_MEASURE	23	1	A	Unit of Measure	WR-F	Required	WR1-070, WR1-080, WR1-090
WST_DENSITY	24	6	D3.2	Density	WR-F	Cond. Required	WR1-080
DENSITY_UN IT_OF_MEASURE	30	1	A	Density Unit of Measure	WR-F	Cond. Required	WR1-090
INCLUDE_IN_NATIONAL_REPORT	31	1	A	Include Information in the National Hazardous Waste Report		Required	WR1-120
MANAGEMENT_METHOD	32	4	A	Management Method	WR-H	Required	WR1-110
IO_TDR_ID	36	12	A	Off-Site Source EPA ID Number	WR-D	Required	WR1-050
IO_TDR_QTY	48	18	D11.6	Quantity Received in Current Reporting Year	WR-E	Required	WR1-060
DESCRIPTION	66	240	A	Waste Stream Description	WR-A	Required	WR1-040
NOTES	306	240	A	Comments / Notes	Bottom of Form		
Total Record Length:		**545**					

WR1 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
WR1-010	Handler ID must exist in SI1.	HANDLER_ID must exist in SI1
WR1-020	Page Number must be greater than zero.	HZ_PG > 0
WR1-030	Waste Number must equal '1', '2', or '3'	SUB_PG_NUM = '1' or '2' or '3'
WR1-040	Waste Stream Description must be provided.	DESCRIPTION <> ' '
WR1-050	The first two characters of the Off-Site Handler EPA ID Number must be a state postal code in LU_STATE or 'FC' (foreign country)	SUBSTR(IO_TDR_ID,1,2) = state postal code in LU_STATE or 'FC'
WR1-060	Total Quantity Received in Current Reporting Year must be greater than zero and less than 99,999,999,999.999999.	IO_TDR_QTY > 0 and <= 99999999999.999999
WR1-070	Unit of Measure must equal a headquarter-defined unit of measure in LU_BR_UOM.	UNIT_OF_MEASURE = headquarter-defined unit of measure in LU_BR_UOM
WR1-080	If Unit of Measure equals '5', '6', or '7', then Density must be greater than zero else Density must equal 0.	If UNIT_OF_MEASURE = '5' or '6' or '7' Then WST_DENSITY > 0 Else WST_DENSITY = 0
WR1-090	If Unit of Measure equals '5', '6', or '7', then Density Unit of Measure must equal a headquarter-defined unit of measure in LU_DENSITY_UOM else Density Unit of Measure must equal blank.	If UNIT_OF_MEASURE = '5' or '6' or '7' Then DENSITY_UNIT_OF_MEASURE = headquarter-defined density unit of measure in LU_DENSITY_UOM Else DENSITY_UNIT_OF_MEASURE = ' '
WR1-100	Form Code must equal a headquarter-defined form code in LU_FORM_CODE.	FORM_CODE = headquarter-defined form code in LU_FORM_CODE
WR1-110	Management Method must equal a headquarter-defined management method in LU_MANAGEMENT_METHOD.	MANAGEMENT_METHOD = headquarter-defined management method in LU_MANAGEMENT_METHOD
WR1-120	If Include in National Report in the SI1 file equals 'N' then Include in National Report must equal 'N' else Include in National Report must equal 'N' or 'Y'.	If INCLUDE_IN_NATIONAL_REPORT in SI1 = 'N' Then INCLUDE_IN_NATIONAL_REPORT = 'N' Else INCLUDE_IN_NATIONAL_REPORT = 'N' or 'Y'
WR1-130	For each handler, page number, and waste number in WR1, one record must exist in WR2 or WR3.	For each HANDLER_ID, HZ_PG, and SUB_PG_NUM in WR1 there must be a record in WR2 or WR3.

FLAT FILE ID# - WR2

Source Form: WR   **Description:** EPA Hazardous Waste Codes

This file captures the information contained in Item B of the WR form. The relationship of these data records to the reported waste is *n*:1, that is, there can be multiple waste codes for each reported waste.

Key Fields: Handler ID (HANDLER_ID); Page Number (HZ_PG); Waste Number (SUB_PG_NUM); EPA Waste Code (EPA_WASTE_CODE). Each record in the WR2 file must contain a unique combination of the Handler ID, Page Number, Waste Number, and EPA Waste Code.

Note: For each waste stream, either EPA Hazardous Waste Code information (WR2) is REQUIRED or State Hazardous Waste Code information (WR3) is REQUIRED.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number		Required	WR2-010
HZ_PG	13	5	I	Page Number		Required	WR2-010
SUB_PG_NUM	18	1	I	Waste Number		Required	WR2-010
EPA_WASTE_CODE	19	4	A	EPA Hazardous Waste Code	WR-B	Required	WR2-020
Total Record Length:		**22**					

WR2 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
WR2-010	Handler ID, Page Number and Waste Number must exist in WR1.	HANDLER_ID, HZ_PG, and SUB_PG_NUM must exist in WR1
WR2-020	EPA Waste Code must equal a headquarters-defined waste code in LU_WASTE_CODE.	EPA_WASTE_CODE = headquarters-defined waste code in LU_WASTE_CODE.

FLAT FILE ID# - WR3

Source Form: WR   **Description:** State Hazardous Waste Codes

This file captures the information contained in Item C of the WR form. The relationship of these data records to the reported waste is *n*:1, that is, there can be multiple waste codes for each reported waste.

Key Fields: Handler ID (HANDLER_ID); Page Number (HZ_PG); Waste Number (SUB_PG_NUM); State Waste Code (STATE_WASTE_CODE). Each record in the WR3 file must contain a unique combination of the Handler ID, Page Number, Waste Number, and State Waste Code.

Note: For each waste stream, either EPA Hazardous Waste Code information (WR2) is REQUIRED or State Hazardous Waste Code information (WR3) is REQUIRED.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number		Required	WR3-010
HZ_PG	13	5	I	Page Number		Required	WR3-010
SUB_PG_NUM	18	1	I	Waste Number		Required	WR3-010
STATE_WASTE_CODE	19	6	A	State Hazardous Waste Code	WR-C	Required	WR3-020
Total Record Length:		**24**					

WR3 Flat File Edit Specifications

Edit Number	Edit Description	Select Logic
WR3-010	Handler ID, Page Number and Waste Number must exist in WR1.	HANDLER_ID, HZ_PG, and SUB_PG_NUM must exist in WR1
WR3-020	State Waste Code must equal an implementer-defined waste code in LU_WASTE_CODE.	STATE_WASTE_CODE = implementer-defined waste code in LU_WASTE_CODE.

FLAT FILE ID# - OI1

Source Form: OI   **Description:** Identification of All Handlers to Whom or From Whom Waste was Shipped, and Transporters

This file captures information from the OI form. *This flat file should never be included in submissions to RCRAInfo.*

Key Fields: Handler ID (HANDLER_ID); Page Number (OSITE_PGNUM). Each record in the OI1 file must contain a unique combination of the Handler ID and Page Number.

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
HANDLER_ID	1	12	A	EPA Identification Number			
OSITE_PGNUM	13	5	I	Page Number			
OFF_ID	18	12	A	Off-Site Installation or Transporter EPA ID Number	OI-A		
WST_GEN_FLG	30	1	A	Handler Type = Generator (Checked = 'Y', Unchecked and not implementer-required = 'U', Unchecked and implementer-required = 'N')	OI-C		
WST_TRNS_FLG	31	1	A	Handler Type = Transporter (Checked = 'Y', Unchecked and not implementer-required = 'U', Unchecked and implementer-required = 'N')	OI-C		
WST_TSDR_FLG	32	1	A	Handler Type = Receiving Facility (Checked = 'Y', Unchecked and not implementer-required = 'U', Unchecked and implementer-required = 'N')	OI-C		
ONAME	33	40	A	Name of Off-Site Installation or Transporter	OI-B		
O1STREET	73	30	A	Installation or Transporter Street Address1	OI-D		
O2STREET	103	30	A	Installation or Transporter Street Address2	OI-D		
OCITY	133	25	A	City	OI-D		
OSTATE	158	2	A	State	OI-D		
OZIP	160	9	A	Zip Code	OI-D		

Field Name	Starting Column	Field Length	Data Type	Description	Location on Form	Required / Cond. Required	Edit Number(s)
NOTES	169	240	A	Comments / Notes	Bottom of OI Form		
Total Record Length:		**408**					

APPENDIX B

Hazardous Waste Report Annotated Forms

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	

1. **Reason for Submittal** MARK ALL BOX(ES) THAT APPLY	**Reason for Submittal:** ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) ☐ To provide a Subsequent Notification (to update site identification information for this location) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) ☐ Site was a TSD facility and/or generator of $\geq$1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)
2. **Site EPA ID Number**	**EPA ID Number** HANDLER_ID
3. **Site Name** SI1 File	**Name:** HANDLER_NAME
4. **Site Location Information** SI1 File	**Street Address:** LOCATION_STREET_NO, LOCATION_STREET1, LOCATION_STREET2 **City, Town, or Village:** LOCATION_CITY **County:** COUNTY_CODE **State:** LOCATION_STATE **Country:** LOCATION_COUNTRY **Zip Code:** LOCATION_ZIP
5. **Site Land Type** SI1 File	☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other LAND_TYPE
6. **NAICS Code(s) for the Site (at least 5-digit codes)** SI3 File	A. NAICS_CODE C. B. D.
7. **Site Mailing Address** SI1 File	**Street or P.O. Box:** MAIL_STREET_NO, MAIL_STREET1, MAIL_STREET2 **City, Town, or Village:** MAIL_CITY **State:** MAIL_STATE **Country:** MAIL_COUNTRY **Zip Code:** MAIL_ZIP
8. **Site Contact Person** SI1 File	**First Name:** CONTACT_FIRST_NAME **MI:** **Last:** CONTACT_LAST_NAME **Title:** CONTACT_TITLE CONTACT_MIDDLE_INITIAL **Street or P.O. Box:** CONTACT_STREET_NO, CONTACT_STREET1, CONTACT_STREET2 **City, Town or Village:** CONTACT_CITY **State:** CONTACT_STATE **Country:** CONTACT_COUNTRY **Zip Code:** CONTACT_ZIP **Email:** CONTACT_EMAIL_ADDRESS **Phone:** CONTACT_PHONE **Ext.:** CONTACT_PHONE_EXT **Fax:** CONTACT_FAX
9. **Legal Owner and Operator of the Site** SI2 File	**A. Name of Site's Legal Owner:** OWNER_OPERATOR_NAME **Date Became Owner:** DATE_BECAME_CURRENT **Owner Type:** ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other **Street or P.O. Box:** STREET_NO, STREET1, STREET2 OWNER_OPERATOR_TYPE **City, Town, or Village:** CITY **Phone:** PHONE **State:** STATE **Country:** COUNTRY **Zip Code:** ZIP **B. Name of Site's Operator:** OWNER_OPERATOR_NAME OWNER_OPERATOR_TYPE **Date Became Operator:** DATE_BECAME_CURRENT **Operator Type:** ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-7. SI1 File

Y☐ N☐ **1. Generator of Hazardous Waste** FED_WASTE_GENERATOR
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.

Y☐ N☐ d. 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. SHORT_TERM_GENERATOR

Y☐ N☐ e. United States Importer of Hazardous Waste IMPORTER_ACTIVITY

Y☐ N☐ f. Mixed Waste (hazardous and radioactive) Generator MIXED_WASTE_GENERATOR

Y☐ N☐ **2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

☐ a. Transporter TRANSPORTER

☐ b. Transfer Facility (at your site) TRANSFER_FACILITY

Y☐ N☐ **3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities. TSD_ACTIVITY

Y☐ N☐ **4. Recycler of Hazardous Waste** RECYCLER_ACTIVITY

Y☐ N☐ **5. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

☐ a. Small Quantity On-site Burner Exemption ONSITE_BURNER_EXEMPTION

☐ b. Smelting, Melting, and Refining Furnace Exemption FURNACE_EXEMPTION

Y☐ N☐ **6. Underground Injection Control** UNDERGROUND_INJECTION_ACTIVITY

Y☐ N☐ **7. Receives Hazardous Waste from Off-site** OFF_SITE_RECEIPT

B. Universal Waste Activities; Complete all parts 1-2. SI6 File

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.**

UNIVERSAL_WASTE   ACCUMULATE

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.
UNIVERSAL_WASTE_DEST_FACILITY

C. Used Oil Activities; Complete all parts 1-4. SI1 File

Y☐ N☐ **1. Used Oil Transporter**
If "Yes", mark all that apply.

☐ a. Transporter USED_OIL_TRANSPORTER

☐ b. Transfer Facility (at your site) USED_OIL_TRANSFER_FACILITY

Y☐ N☐ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

☐ a. Processor USED_OIL_PROCESSOR

☐ b. Re-refiner USED_OIL_REFINER

Y☐ N☐ **3. Off-Specification Used Oil Burner** 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 USED_OIL_MARKET_BURNER

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications USED_OIL_SPEC_MARKETER

D.   Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K   SI1 File

❖   You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐   1.   Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
      See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

   ☐   a. College or University
          SUBPART_K_COLLEGE

   ☐   b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
          SUBPART_K_HOSPITAL

   ☐   c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
          SUBPART_K_NONPROFIT

☐   2.   Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
      SUBPART_K_WITHDRAWAL

11.   Description of Hazardous Waste

A.   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. SI4 File

EPA_WASTE_CODE					

B.   Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated 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. SI5 File

STATE_WASTE_CODE					

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 <u>must</u> fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments SI1 File

NOTES

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). SI7 File

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	CERT_FIRST_NAME, CERT_MIDDLE_INITIAL, CERT_LAST_NAME, CERT_TITLE	CERT_SIGNED_DATE

EPA ID Number | | | | || | | || | | || | | |

OMB Number; Expiration Date

ADDENDUM TO THE SITE IDENTIFICATION FORM:

NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY

Before filling out this section:

❖ You <u>must</u> check with your State to determine if you are eligible to manage hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25). (See also http://www.epa.gov/epawaste/hazard/dsw/statespf.htm.)

❖ You must be managing hazardous secondary material, which is secondary material (e.g., spent material, by-product, or sludge) that when discarded, would be identified as hazardous waste under 40 CFR Part 261. <u>Do not include any information regarding your hazardous wastes in this section.</u>

❖ You must submit a completed Site Identification Form, including this Addendum, prior to operating under the exclusion(s) and by March 1 of each even-numbered year thereafter to your regulatory authority using the Site Identification Form as pursuant to 40 CFR 260.42. Persons who must staisfy this notification requirement can submit information at the same time as their Biennial Report (which is also due by March 1 of each even-numbered year).

❖ If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must also submit a completed Site Identification Form, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.

---

1. **Indicate reason for notification. Include dates where requested.** SI9 File
   REASON_FOR_NOTIFICATION

   ☐ Notifying that the facility <u>will begin manage</u> hazardous secondary material as of _____ (mm/dd/yyyy). HSM_EFFECTIVE_DATE

   ☐ Re-notifying that the facility <u>is still managing</u> hazardous secondary material.

   ☐ Notifying that the facility <u>has stopped managing</u> hazardous secondary material as of _____ (mm/dd/yyyy).

---

2. **Description of hazardous secondary material (HSM) activity.** Please list the appropriate codes and quantities in **short tons** to describe your hazardous secondary material activity <u>ONLY</u> (do not include any information regarding your hazardous wastes in this section). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions) SIA File	b. Waste code(s) for hazardous secondary material (HSM) SIB File	c. Estimated short tons of HSM to be managed annually SIA File	d. Actual short tons of HSM that was managed during the most recent odd-numbered year SIA File	e. Land-based unit code (answer using codes listed in the Code List section of the instructions) SIA File
FACILITY_CODE	WASTE_CODE	ESTIMATE_SHORT_TONS	ACTUAL_SHORT_TONS	LAND_BASED_UNITS

---

3. **Facility has financial assurance pursuant to 40 CFR 261 Subpart H.** (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25)). SI9 File

   Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H? HSM_FA

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 06/2009)

Addendum Page _____ of _____

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:	**U.S. ENVIRONMENTAL PROTECTION AGENCY**

SITE NAME: _____

_____

2009 Hazardous Waste Report

GM FORM

EPA ID Number |_|_|_||_|_|_|_||_|_|_|_||_|_|_|

WASTE GENERATION AND MANAGEMENT

Sec. 1   A. Waste description: GM1 File   DESCRIPTION

B.   EPA hazardous waste code(s) GM2 File   EPA_WASTE_CODE

|_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|
|_|_|_|_| |_|_|_|_| |_|_|_|_|

C. State hazardous waste code(s) GM3 File   STATE_WASTE_CODE

|_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|
|_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

D.   Source code   GM1 File

SOURCE_CODE

|G|_|_|

Management Method code for Source code G25

|H|_|_|_| MANAGEMENT_METHOD

E. Form code

|W|_|_|_|

GM1 File

FORM_CODE

F. Quantity generated in 2009   GM1 File

|_|_|_|_|_|_|_|_|_|_|.|_|_|

GEN_QTY

UOM |_|_|

UNIT_OF_MEASURE

Density |_|_|_|.|_|_|_| ☐ lbs/gal ☐ sg

WST_DENSITY   DENSITY_UNIT_OF_MEASURE

G. Waste minimization code

|_|_|

GM1 File

WASTE_MIN_CODE

Sec. 2   Was any of this waste managed on site? GM1 File

☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) ON_SITE_MANAGEMENT
☐ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1 GM5 File	**ON-SITE PROCESS SYSTEM 2**

On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009
H|_|_|_|	|_|_|_|_|_|_|_|_|_|_|_|.|_|	H|_|_|_|	|_|_|_|_|_|_|_|_|_|_|_|.|_|
MANAGEMENT_METHOD	SYS_TDR_QTY		

Sec. 3   A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? GM1 File
☐ Yes (CONTINUE TO ITEM B)   OFF_SITE_SHIPMENT
☐ No (FORM IS COMPLETE)

Site 1 GM4 File	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
	|_|_|_|_|_|_|_|_|_|_|_|_|	H|_|_|_|	|_|_|_|_|_|_|_|_|_|_|_|.|_|
	IO_TDR_ID	MANAGEMENT_METHOD	IO_TDR_QTY
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
	|_|_|_|_|_|_|_|_|_|_|_|_|	H|_|_|_|	|_|_|_|_|_|_|_|_|_|_|_|.|_|
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
	|_|_|_|_|_|_|_|_|_|_|_|_|	H|_|_|_|	|_|_|_|_|_|_|_|_|_|_|_|.|_|

Comments: GM1 File
NOTES

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

_____

EPA ID Number |__|__|__|__||__|__|__|__||__|__|__|__||__|__|__|__|

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2009 Hazardous Waste Report

**WR
FORM**

**WASTE RECEIVED
FROM OFF SITE**

Waste 1 A. Description of hazardous waste   WR1 File   DESCRIPTION

B.   EPA hazardous waste code(s)

|__|__|__|__|__| |__|__|__|__|__|
|__|__|__|__|__| |__|__|__|__|__|

WR2 File   EPA_WASTE_CODE

C.   State hazardous waste code(s)

|__|__|__|__|__|__|__|
|__|__|__|__|__|__|__|

WR3 File   STATE_WASTE_CODE

D.   Off-site handler EPA ID number

|__|__|__|__||__|__|__|__||__|__|__|__||__|__|__|__|

WR1 File   IO_TDR_ID

E. Quantity received in 2009

|__|__|__|__|__|__|__|__|__|__|__|.|__|

WR1 File   IO_TDR_QTY

F. UOM |____| WR1 File

UNIT_OF_MEASURE
Density |__|__|__|.|__|__|

WST_DENSITY   ☐ lbs/gal ☐ sg
DENSITY_UNIT_OF_MEASURE

G. Form code

W |__|__|__|

WR1 File
FORM_CODE

H. Management Method code

H |__|__|__|

WR1 File
MANAGEMENT_METHOD

Waste 2 A.   Description of hazardous waste

B.   EPA hazardous waste code(s)

|__|__|__|__|__| |__|__|__|__|__|
|__|__|__|__|__| |__|__|__|__|__|

C.   State hazardous waste code(s)

|__|__|__|__|__|__|__|
|__|__|__|__|__|__|__|

D.   Off-site handler EPA ID number

|__|__|__|__||__|__|__|__||__|__|__|__||__|__|__|__|

E.   Quantity received in 2009

|__|__|__|__|__|__|__|__|__|__|__|.|__|

F.   UOM |____|

Density |__|__|__|.|__|__|
            ☐ lbs/gal ☐ sg

G.   Form code

W |__|__|__|

H.   Management Method code

H |__|__|__|

Waste 3 A.   Description of hazardous waste

B.   EPA hazardous waste code(s)

|__|__|__|__|__| |__|__|__|__|__|
|__|__|__|__|__| |__|__|__|__|__|

C.   State hazardous waste code(s)

|__|__|__|__|__|__|__|
|__|__|__|__|__|__|__|

D.   Off-site handler EPA ID number

|__|__|__|__||__|__|__|__||__|__|__|__||__|__|__|__|

E.   Quantity received in 2009

|__|__|__|__|__|__|__|__|__|__|__|.|__|

F.   UOM |____|

Density |__|__|.|__|__|
            ☐ lbs/gal ☐ sg

G.   Form code

W |__|__|__|

H.   Management Method code

H |__|__|__|

Comments: WR1 File
NOTES

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: _____

_____

EPA ID NO: | | | | || | | | | || | | | | || | | | |

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 Hazardous Waste Report

OI FORM

OFF-SITE IDENTIFICATION

Site 1 OI1 File	A. EPA ID number of off-site installation or transporter |			||				||				||			| OFF_ID	B. Name of off-site installation or transporter ONAME

C. Handler type (MARK ALL THAT APPLY)

☐ Generator   WST_GEN_FLG

☐ Transporter   WST_TRANS_FLG

☐ Receiving facility   WST_TSDR_FLG

D. Address of off-site installation

Street   O1STREET, 02STREET

City   OCITY

State | | | | Zip | | | | | | |-| | | |

OSTATE   OZIP

Site 2	A. EPA ID number of off-site installation or transporter |			||				||				||					B. Name of off-site installation or transporter

C. Handler type (MARK ALL THAT APPLY)

☐ Generator

☐ Transporter

☐ Receiving facility

D. Address of off-site installation

Street

City

State | | | | Zip | | | | | | |-| | | |

Site 3	A. EPA ID number of off-site installation or transporter |			||				||				||					B. Name of off-site installation or transporter

C. Handler type (MARK ALL THAT APPLY)

☐ Generator

☐ Transporter

☐ Receiving facility

D. Address of off-site installation

Street

City

State | | | | Zip | | | | | | |-| | | |

Site 4	A. EPA ID number of off-site installation or transporter |			||				||				||					B. Name of off-site installation or transporter

C. Handler type (MARK ALL THAT APPLY)

☐ Generator

☐ Transporter

☐ Receiving facility

D. Address of off-site installation

Street

City

State | | | | Zip | | | | | | |-| | | |

Comments:
NOTES

INSTRUCTIONS FOR FILLING OUT THE OI FORM –
OFF-SITE IDENTIFICATION

Who Must Submit this Form

Sites required to file the 2009 Hazardous Waste Report must submit the OI Form if:

- The OI Form is required by your State; **AND**

- The site received hazardous waste from off-site or sent hazardous waste off-site during 2009.

Purpose of this Form

The OI Form documents the names and addresses of off-site installations and transporters.

How to Fill out this Form

The OI Form is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 2009. If these off-site installations and transporters total more than four, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., "Other" responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and item letter to which the comment refers.

Item-By-Item Instructions

Complete Items A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 2009. Complete Items A through C for each transporter you used during the year (address in Item D is not required for transporters).

Item A – EPA ID No. of Off-site Installation or Transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 2009, leave blank if this item is not applicable or "don't know" in Item A and note the reason in the Comments section.

Item B – Name of Off-Site Installation or Transporter

Enter the name of the off-site installation or transporter reported in Item A.

Item C – Handler Type

Place an "X" in all boxes that apply to the handler type (i.e., generator, transporter, or receiving facility) of the off-site installation or transporter reported in Item A.

Item D – Address of Off-site Installation

Enter the address of the off-site installation reported in Item A. If the EPA ID number reported in Item A refers to a transporter, leave blank if this item is not applicable or "don't know" in Item D.

End of document.