

U.S. EPA Region 2 Off-Site Rule Request Form

Receiving Facility Information

Estimated Initial Shipping Date:
Estimated Shipping Completion Date:

Supporting Documentation Attached: ☐ Yes ☐ No

1.) Name of Facility Receiving CERCLA Waste

2.) Address of Facility

3.) City

4.) County

5.) State

6.) Zip Code

7.) EPA Facility I.D. (Hazardous Waste or Municipal Waste I.D.)

[RCRA Info Webpage](#)

Facility Type

Subtitle C ☐

Subtitle D ☐

Other ☐

State Permit No.

8.) Any other pertinent I.D. numbers that may apply (License Numbers, etc.)

9.) Facility Phone Number

Contact Name

10.) Facility Fax Number (if available)

11.) Email Address

Generating Site Information

12.) Name of CERCLA Site

13.) Address of CERCLA Site

14.) City

15.) County

16.) State

17.) Zip Code

18.) CERCLA Site I.D.

19.) CERCLA Waste Median (e.g. Soil, Water, Air etc.)

Hazardous and/or Non-Hazardous (check all that apply)

RCRA Hazardous ☐ Non-Hazardous ☐

20.) CERCLA Waste Contaminates (e.g. tce, pcb, Mercury, Lead, etc.)

21.) Amount of CERCLA Waste (e.g. Gallons, Pounds, Tons, etc.)

22.) Person Making Request(s)/Affiliation & Phone Number