

# **Record Keeping & other Hazardous Waste Compliance Topics**



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and  
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# RCRA RECORDKEEPING REQUIREMENTS

- Documentation of hazardous waste determinations
- Uniform hazardous waste manifests (3 years)
- Land disposal restriction (LDR) Notices (not required for CESQG or KSQG) (3 years)
- HW storage area inspection logs (Monthly for CESQG and KSQG, weekly for SQG and LQG) (3 years) (see slides)

# RCRA RECORDKEEPING REQUIREMENTS

- Documentation of training (3 years) (see slides)
- Documents to meet the emergency preparedness requirements (see slides)
- Wastewater discharge permit or pretreatment permit (if applicable)
- If HW is accumulated in tanks, then you will need additional records to meet the tank requirements of 40 CFR 265 Subpart J

Revised 2015-07-31



Kansas Department of Health and Environment  
Notification of Regulated Waste Activity  
(RCRA Subtitle C Site Identification Form)

Send Completed  
Form To:  
KDHE-BWM  
1000 SW Jackson,  
Topeka, KS 66612

Topeka, KS 66612

1. Reason for  
Submittal

Reason for Submittal:

To provide an Initial Notification (to obtain an EPA ID Number for hazardous waste or used oil activities)

Number

K

S

digit codes)

Phone:

Ext.:

Fax:

9. Legal Owner  
and  
Operator of  
the Site

A. Name of Site's Legal Owner:

Date Became Owner:  
(mm/dd/yyyy)

Owner Type:  Private  County  District  Federal  Tribal  Municipal  State  Other

Street or PO Box:

City, Town or Village:

Phone:

State:

Country:

Zip Code:

B. Name of Site's Operator:

Date Became Operator:  
(mm/dd/yyyy)

Operator Type:  Private  County  District  Federal  Tribal  Municipal  State  Other

	State:	Country:	Zip Code:
	Email:		
	Phone:	Ext.:	Fax:
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner:	Date Became Owner: (mm/dd/yyyy)	
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or PO Box:		
	City, Town or Village:		Phone:
	State:	Country:	Zip Code:
	B. Name of Site's Operator:	Date Became Operator: (mm/dd/yyyy)	
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID Number:

10. Type of Regulated Waste Activity  
Mark "Y" (Yes) or "N" (No) for all current activities; complete any additional boxes as instructed. (See pages 4-7 of the instructions)

A. Hazardous Waste Activities: Complete all parts for 1-10

**C. Used Oil Activities; Complete all parts 1-4:**

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

- a. Transporter
- b. Transfer Facility

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

- a. Processor
- b. Re-refiner

**Y  N  3. Off-Specification 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
- b. Marketer Who First Claims the Used Oil Meets the Specifications

**Y  N  2. Destination Facility for Universal Waste.**  
Note: A hazardous waste permit may be required for this activity.

**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
- b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number:

**11. Description of Hazardous Wastes**

**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.

**11. Description of Hazardous Wastes**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled

**13. 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 be 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, each owner and operator must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)

1000 SW Jackson, Suite 320  
Topeka, KS 66612



# Updates Required!

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# WEEKLY AND MONTHLY INSPECTIONS

- Inspection logs are required by 40 CFR 265.15(d). The regulation states that “...at a minimum, these records must include the date and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial actions.

# WEEKLY AND MONTHLY INSPECTIONS

- CESQG and KSQG – Monthly inspections
- SQG and LQG – Weekly inspections



# TRAINING DOCUMENTATION

- KSQG and SQG must maintain the following:
  - Name of each employee
  - Date of the training
  - Topics covered in the training
- LQG must maintain the following:
  - Job Titles
  - Job Descriptions
  - Training Descriptions
  - Training Documentation

# TRAINING DOCUMENTATION

## SAMPLE Job Description

**Job Title:** Custodian/Groundskeeper  
**Department:** Maintenance  
**Reports To:** Squeaky Clean  
**Prepared By:** Grimy Mudslinger  
**Prepared Date:** January 15, 2000

**SUMMARY:** Keeps premises of Soapy Suds, Inc. all tidy and clean by performing the following duties.

**PRIMARY DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

Cleaning all interior surfaces of soap manufacturing buildings; office equipment, furniture, cabinetry, glass surfaces, carpet, countertops, window dressings etc. Cleans offices, hallways, lobbies, corridors, stairways, breakroom, rest rooms, and any other workareas. Performs routine maintenance such as replacing light bulbs, cutting and trimming grass, planting flowers, sweeping sidewalks and shoveling snow.

**Manages all hazardous waste satellite and storage containers; performs weekly hazardous waste container inspections, and arranges for disposal of hazardous waste in accordance with all local, State, and Federal rules and regulations.**

**SUPERVISORY RESPONSIBILITIES:** None

**QUALIFICATIONS:** To perform this job successfully, an individual must be a clean freak and able to perform each essential duty satisfactorily. Reasonable accommodations may be made to enable individuals with disabilities and dirt phobias to perform the essential functions.

**EDUCATION and/or EXPERIENCE**

High school diploma or equivalent; or one to three months related experience and/or training.

**TRAINING:** Hazardous waste training shall be provided to employee within six months of the date the employee filled this position and a review of this training provided every 12 months thereafter. Employee shall be supervised until training is completed.

**GENERAL SKILLS:** Proficiency in following oral and written instructions, and effectively present information to others on a one-on-one basis and in small groups. Math proficiency using the U.S. System of Linear measure and United Kingdom System (metric) systems required. Ability to solve problems with regard to routine operations consisting of a few standardized variables.

**CERTIFICATES, LICENSES, REGISTRATIONS:** Must be able to obtain forklift operator certification in accordance with OSHA Standard 1910.178 within three months of date of employment.

**PHYSICAL DEMANDS:**

Extensive manual dexterity and ability to lift and/or move up to 50 pounds. The employee is regularly required to move 55-gallon drums with the assistance of a two-wheel dolly. Vision requirements include close, distance, color and peripheral vision; also depth perception, and ability to adjust focus.

**WORK ENVIRONMENT:**

In performing this job the employee should expect to encounter: Moving forklifts, mechanical parts, wet surfaces, cleaning chemicals, fumes, vapors and airborne particles, low and high noise levels and incimate weather conditions.

**Standard Safety Equipment:** Wearing of eye and hearing protection is required.

# EMERGENCY PREPAREDNESS

- KSQG & SQG – posting information (40 CFR 262.34(d)(5)(ii))
  - The name and telephone number of the emergency coordinator
  - Location of fire extinguishers and spill control material, and, if present, fire alarm
- LQG – Contingency plan (40 CFR 265 Subpart D)

# EMERGENCY PREPAREDNESS

## HAZARDOUS WASTE EMERGENCY RESPONSE

EMERGENCY COORDINATOR: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER (Optional): \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER (Optional): \_\_\_\_\_

FIRE PHONE NUMBER (unless there is a direct alarm): \_\_\_\_\_

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### EQUIPMENT LOCATION (A map showing the locations is sufficient)

FIRE EXTINGUISHERS: \_\_\_\_\_

FIRE ALARMS (if present): \_\_\_\_\_

SPILL CONTROL: \_\_\_\_\_

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### RESPONSE ACTION

**FIRE:** Call the Fire Department, or extinguish the fire using an appropriate fire extinguisher.

**SPILL:** Contain the flow of hazardous waste. Clean up the hazardous waste and any contaminated materials or soil as soon as possible.

### FIRE, EXPLOSION, OR RELEASE WHICH THREATENS HUMAN HEALTH OR SURFACE WATER:

Notify the National Response Center with the following information:

- Name, address, and US EPA ID number of generator
- Date, time, and type of incident
- Quantity and type of hazardous waste involved
- Extent of any injuries
- Estimated quantity and disposition of recovered materials

NATIONAL RESPONSE CENTER 1-800-424-8802

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (785) 296-1679



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# SOLVENT CONTAMINATED WIPES

**Solvent-Contaminated Wipes Exclusion Documentation Form**

Facility Name: \_\_\_\_\_

Check One (complete a separate form for each type of wipe if both are used at this facility):

Disposable Solvent-Contaminated Wipes     
  Reusable Solvent-Contaminated Wipes

Pounds of waste wipes generated each month: \_\_\_\_\_

Explain how you know that the wipes are not characteristic for reactivity, toxicity, or corrosivity.

Through knowledge of the process generating these wipes, I know that no metals are used at this facility so that the characteristic of toxicity, as well as corrosivity and reactivity, are not a concern. See attached safety data sheet(s), if applicable.

The wipes were analyzed by a KDHE certified laboratory to ensure that they are not a characteristic hazardous waste. See attached analytical results.

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain how you will meet the "no free liquids" requirement.

I will visually check each container weekly to ensure that there are no free liquids. If free liquids are present, they will be removed and placed in the hazardous waste container located \_\_\_\_\_

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the name and address of all handlers receiving the wipes, including laundries, dry cleaners, landfills, or any other facility. Continue list on a separate page if necessary.

Name	Street Address	City	State	Zip Code

Describe the method that will be used to document that these wipes are on-site for no longer than 180 days.

A date is placed on each container.

A contract is in place with a laundry facility scheduled to remove the wipes once each month. A copy of the contract (or invoices) is attached.

Each collection container has a designated number and a log is kept of when each collection container is emptied into the storage container. Also recorded in the log is the date each storage container is removed from the site.

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the name and title of the person who completed this form: \_\_\_\_\_ Date: \_\_\_\_\_

- This form is not required, but KDHE provides it to try to aid with compliance

# DOCUMENTATION OF HAZARDOUS WASTE DETERMINATIONS

## Waste Determination Documentation Form

Facility Name: \_\_\_\_\_

Waste Name: \_\_\_\_\_

Description of Process: \_\_\_\_\_

Pounds of waste generated each month: \_\_\_\_\_

Does this waste meet the definition of a solid waste?                      Yes              No

Is this waste exempt from the definition of solid waste or hazardous waste?    Yes              No

Was laboratory analysis used to make this determination?                      Yes              No

If yes, record the name and KDHE certificate number for the laboratory: \_\_\_\_\_

If yes, **attach** a copy of the analytical results to this sheet.

Was knowledge of the process used to make this determination?                      Yes              No

If yes, list the name and date of each document (MSDS, process flow diagrams, etc.) reviewed and/or **attach** them to this sheet:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this waste non-hazardous?                      Yes              No

Is this waste a listed hazardous waste?                      Yes              No

If yes, list waste codes: \_\_\_\_\_

Is this waste a characteristic hazardous waste?                      Yes              No

If yes, list waste codes: \_\_\_\_\_

List the name and title of the person making this determination: \_\_\_\_\_

Date of this determination: \_\_\_\_\_

# HAZARDOUS WASTE DETERMINATION APP DEMONSTRATION

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