

EPA ID: | | | | | | | | | | | | | | | | | | | | | |

**SEND  
COMPLETED  
FORM TO:**  
KDHE-BWM  
1000 SW  
JACKSON, SUITE  
320  
TOPEKA, KS  
66612

Kansas Department of Health and Environment

**Notification of Regulated Waste Activity  
(RCRA SUBTITLE C SITE IDENTIFICATION FORM)  
FORM 8700-12**

|  |   |                  |                  |                  |
|--|---|------------------|------------------|------------------|
| <p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p> | <p><b>Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, or used oil activities)</p> <p><input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____ )</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of &gt;1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, or &gt;100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year.</p> |                  |                  |                  |
| <p><b>2. Site EPA ID Number</b></p>                                      | <p><b>EPA ID Number</b></p>   |                  |                  |                  |
| <p><b>3. Site Name</b></p>   | <p><b>Name:</b></p>   |                  |                  |                  |
| <p><b>4. Site Location</b></p>   | <p><b>Street Address:</b></p> <p>_____</p> <p><b>City, Town, or Village:</b> _____ <b>County:</b> _____</p> <p><b>State:</b> _____ <b>Country:</b> _____ <b>Zip Code:</b> _____</p>   |                  |                  |                  |
| <p><b>5. Site Land Type</b></p>  | <p><b>Site Land Type:</b> <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</p>  |                  |                  |                  |
| <p><b>6. (NAICS) Code(s) a five digit code</b></p>                       | <p><b>A.</b></p>  | <p><b>B.</b></p> | <p><b>C.</b></p> | <p><b>D.</b></p> |
| <p><b>7. Site Mailing Address</b></p>                                    | <p><b>Street or PO Box:</b></p> <p>_____</p> <p><b>City, Town, or Village:</b></p> <p>_____</p> <p><b>State:</b> _____ <b>Country:</b> _____ <b>Zip Code:</b> _____</p>   |                  |                  |                  |
| <p><b>8. Site Contact Person</b></p>                                     | <p><b>First Name:</b> _____ <b>MI:</b> _____ <b>LAST</b> _____</p> <p><b>Title:</b></p> <p>_____</p> <p><b>Street or PO Box:</b></p> <p>_____</p> <p><b>City, Town or Village:</b></p> <p>_____</p> <p><b>State:</b> _____ <b>Country:</b> _____ <b>Zip Code:</b> _____</p> <p><b>Email:</b></p> <p>_____</p> <p><b>Phone:</b> _____ <b>Ext:</b> _____ <b>Fax:</b> _____</p>  |                  |                  |                  |

EPA ID: | | | | | | | | | | | | | | | | | | | | | |

|  |   |
|--|---|
| <b>9. Legal Owner and Operator of the Site</b>   | <b>A. Name of Site's Legal Owner:</b> _____ <b>Date Became Owner: (mm/dd/yyyy):</b> _____   |
|  | <b>Owner Type:</b> <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 |
|  | <b>Street or PO Box:</b> _____  |
|  | <b>City, Town or Village:</b> _____ <b>Phone:</b> _____   |
|  | <b>State:</b> _____ <b>Country:</b> _____ <b>Zip Code:</b> _____  |
|  | <b>B. Name of Site's Operator:</b> _____ <b>Date Became Operator: (mm/dd/yyyy):</b> _____   |
| <b>Operator Type:</b> <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 |   |

**10. Type of Regulated Waste Activity**  
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 10 to 14.)

**A. Hazardous Waste Activities**  
Complete all parts for 1 through 6.

**Y****N** **1. Generator of Hazardous Waste**  
If "Yes", choose only one of the following –a, b, or c.

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs/mo) of non-acute hazardous waste; or generates more than 1 kg (2.2 lbs) of acutely hazardous waste
- b. SQG: 100 to 1,000 kg/mo (220-2,200 lbs/mo) of non-acute hazardous waste; or accumulates less than 1 kg (2.2 lbs) of acutely hazardous waste
- c. KSQG: 25 to less than 100 kg/mo (55-220 lbs/mo) of non-acute hazardous waste; or accumulates less than 1 kg (2.2 lbs) of acutely hazardous waste
- d. CESQG: Less than 25 kg/mo (55lbs/mo) of non-acute hazardous waste

**In addition, indicate other generator activities.**

**Y****N** d. Short-Term Generator (generate from a short-term or one-time event and not from a on-going processes. If Yes, provide info under Comments Section.

**Y****N** e. United States Importer of Hazardous Waste

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

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

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

**Y****N** **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

**Y****N** **4. Recycler of Hazardous Waste (at your site)** Note: A permit may be required

**Y****N** **5. Exempt Boiler and/or industrial Furnace**  
If "Yes", mark each that applies.

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

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

**Y****N** **7. Receives Hazardous Waste from Off-Site**

**B. Universal Waste Activities; Complete all parts 1-2:**

**Y****N** **1. Large Quantity Handler of Universal Waste ( you accumulate 5,000 kg or more) refer to Kansas regulations to determine what is regulated). Indicate types of universal waste generated and/or accumulated at your site (Mark all boxes that apply.**

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Others

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

**C. Used Oil Activities**  
Mark all boxes that apply.

**Y****N** **1. Used Oil Transporter**  
If "Yes", mark each that applies.

- a. Transporter
- b. Transfer Facility

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

- a. Processor
- b. Re-refiner

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

