



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT MODIFICATION REQUEST FOR A HOUSEHOLD HAZARDOUS WASTE FACILITY TO ACCEPT HAZARDOUS WASTES FROM SMALL QUANTITY GENERATORS

Note: This form shall be used to request approval to accept hazardous waste from Small Quantity Generators (SQG) at household hazardous waste facilities. A new permit application for a household hazardous waste facility will be required if the proposed SQG program will involve relocation of the facility to a new site or if the site is not currently permitted as a household hazardous waste facility.

1. Permittee's Name _____
Mailing Address _____
(Street or Rural Route) (City & State) (Zip)
Current Permit Number _____
Person to contact _____ Telephone (____) _____
Contact person's title _____ Fax (____) _____
2. Site Address _____
(Street Number, Road, Highway, City)
3. Site Location
County _____, 1/4 Section _____, Section _____, Township _____, Range _____
4. The proposed Small Quantity Generator program will allow acceptance of SQG waste from:
____ All sources which meet the definition of a SQG as defined in KSA 28-31-2
____ Governmental Units ____ School Districts ____ Commercial Businesses
____ Other, Explain _____
5. A "Small Quantity Generator" means any person who meets all of the following conditions:
 - (1) Generates in any single calendar month less than 25 kilograms (55 pounds) of hazardous waste;
 - (2) accumulates at any time less than 1,000 kilograms (2200 pounds) of hazardous waste;
 - (3) generates in any single calendar month less than 1 kilogram (2.2 pounds) of acutely hazardous waste;
 - (4) accumulates at any time less than 1 kilogram (2.2 pounds) of acutely hazardous waste;
 - (5) generates in any single calendar month less than 25 kilograms (55 pounds) or more of any residue or contaminated soil, waste, or other debris resulting from the cleanup of a spill of acutely hazardous waste; and
 - (6) accumulates at any time less than 25 kilograms (55 pounds) of any residue or contaminated soil,

waste, or other debris resulting from the cleanup of a spill of acutely hazardous waste.

6. Attach a copy of the amended* **Facility Design Plans**.

The following **drawings** must be included as part of a facility design plan:

- a. A **regional site plan or map** showing section, township, range, and site location.
- b. A **vicinity plan or map** that depicts residences, wells, surface waters, and access roads within 0.5 miles of the site boundaries, adjacent zoning, adjacent land use, other existing and proposed man-made or natural features relating to the project.
- c. A **site plan** showing the size and location of buildings and appurtenances, on/off-site utilities (i.e. gas, electric, water, sewers), right-of-ways, fences, gates, paved lots, parking areas, drainage, culverts, and signs. Existing permit drawings may be modified to show new development.
- d. **Detailed plans** showing building elevation and plan view, floor plans, shelving plans, appurtenances, and necessary detail sections to include electrical and mechanical systems
- e. **Designated areas** for activities to be conducted at the facility including receipt segregation, bulking, distribution, packaging, and storage of household and SQG wastes.
- f. A **FEMA flood plain map** with the facility location highlighted

7. Attach a copy of the SQG program plan to the "**Operating Plan**".

The program plan to the operations report must include:

- a. A description of the new activities and facilities including the origin of the SQG waste.
- b. Procedures for screening SQG participants to ensure that they meet the definition of a SQG. Include a sample registration form for participants which includes the definition of an SQG and a section for participants to certify they meet the definition of a SQG.
- c. Any other required revisions to handling and storage procedures.
- d. Any required revisions to the contingency plan for emergency situations.

8. Attach a copy of the amended* "**Closure Plan**" as required by KSA 65-3406.

9. Attach a copy of the amended* "**closure cost estimate and, if applicable, financial assurance**" as required by KAR 28-29-17a.

*** Note: Those items which were included as part of the current approved permit do not need to be resubmitted if the proposed SQG program would not result in any changes to those items. Please indicate if that is the case.**

Please return three copies each of the application & supporting documents to:

Kansas Department of Health and Environment
Bureau of Waste Management
1000 SW Jackson, Suite 320
Topeka, KS 66612-1366

Performance Bond Posted (if required by local agency) _____

Signature of Applicant

Name (Print or Type)

Title

Organization

Date