



**Kansas Department of Health and Environment  
Notification of Regulated Waste Activity  
(RCRA Subtitle C Site Identification Form)  
Form 8700-12 and 8700-23**

**Send Completed Form To:**  
KDHE-BWM  
1000 SW Jackson,  
Suite 320  
Topeka, KS 66612

<b>1. Reason for Submittal</b>  <b>Mark All Boxes That Apply</b>	<b>Reason for Submittal:</b>  To provide an Initial Notification (to obtain an EPA ID Number for hazardous waste or used oil activities)  To provide a Subsequent Notification (to update site identification information)  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 >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.				
<b>2. Site EPA ID Number</b>	K S <input type="checkbox"/>				
<b>3. Site Name</b>	<b>Name:</b> _____				
<b>4. Site Location</b>	<b>Street Address:</b> _____				
	<b>City, Town, or Village:</b> _____		<b>County:</b> _____		
	<b>State:</b> Kansas	<b>Country:</b> USA	<b>Zip Code:</b> _____		
<b>5. Site Land Type</b>	Private    County    District    Federal    Tribal    Municipal    State    Other				
<b>6. NAICS Code(s) (at least 5-digit codes)</b>	<b>A.</b> <input type="checkbox"/>	<b>B.</b> <input type="checkbox"/>	<b>C.</b> <input type="checkbox"/>	<b>D.</b> <input type="checkbox"/>	
	<b>7. Site Mailing Address</b>				
	<b>Street or PO Box:</b> _____				
	<b>City, Town, or Village:</b> _____				
<b>8. Site Contact Person</b>	<b>State:</b> _____		<b>Country:</b> _____	<b>Zip Code:</b> _____	
	<b>First Name:</b> _____		<b>MI:</b> _____	<b>Last:</b> _____	
	<b>Title:</b> _____				
	<b>Street or PO Box:</b> _____				
	<b>City, Town or Village:</b> _____				
	<b>State:</b> _____		<b>Country:</b> _____	<b>Zip Code:</b> _____	
	<b>Email:</b> _____				
	<b>Phone:</b> _____		<b>Ext:</b> _____	<b>Fax:</b> _____	
	<b>9. Legal Owner and Operator of the Site</b>	<b>A. Name of Site's Legal Owner:</b> _____		<b>Date Became Owner:</b> (mm/dd/yyyy) _____	
		<b>Owner Type:</b> Private    County    District    Federal    Tribal    Municipal    State    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:</b> (mm/dd/yyyy) _____		
<b>Operator Type:</b> Private    County    District    Federal    Tribal    Municipal    State    Other					

EPA ID Number:

K	S								
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**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.**

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

If Yes, mark only one of the following (a, b, c, or d)

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

Date Activity Began: (dd/mm/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

If Yes above, indicate other generator activities in 2-4 below.

**Y N 5. Transporter of Hazardous Waste. If Yes, mark all that apply.**

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

**Y N 6. Treater, Storer, or Disposer of Hazardous Waste (at your site)**

Note: A hazardous waste permit is required for this activity.

**Y N 7. Recycler of Hazardous Waste (at your site)**

Note: A permit may be required

**Y N 8. Exempt Boiler and/or industrial Furnace If Yes, mark all that applies.**

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

**Y N 9. Underground Injection Control**

**Y N 10. Receives Hazardous Waste from Off-Site**

**Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from an on-going process.**

If Yes, provide an explanation in the Comments section.

**Y N 3. United States Importer of Hazardous Waste**

**Y N 4. Mixed Waste (hazardous and radioactive) Generator**

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

**Y N 1. Large Quantity Handler of Universal Waste (accumulates 5,000 kg [11,000 lb] or more).**

If Yes, mark all that apply.

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Others (describe in the Comments section)

**Y N 2. Destination Facility for Universal Waste.**

Note: A hazardous waste permit may be required for this activity.

**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

EPA ID Number: 

K	S								
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**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.


**12. Comments**


**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)

**Send Completed Form To:**  
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 1000 SW Jackson, Suite 320  
 Topeka, KS 66612