


Mail Completed Form To: KDHE-BWM 1000 SW Jackson St Ste 320 Topeka KS 66612-1366 Or email completed form to: kdhe.notifications@ks.gov	Kansas Department of Health and Environment Notification of Regulated Waste Activity (Kansas RCRA Subtitle C Site Identification Form) Form 8700-12 and 8700-23	
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1. Reason for Submittal (Select only one.)

.	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time.
.	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year).
<input type="checkbox"/>	Site was a TSD facility and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year .
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site.
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities.
<input type="checkbox"/>	Submitting a new or revised Part A Form.

2. Site EPA ID Number

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3. Site Name

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4. Site Location Address

Street Address		
City, Town, or Village		County
State	Country	Zip Code

5. Site Mailing Address

Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

6. Site Land 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
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)	C.
B.	D.

EPA ID Number

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8. Site Contact Information

Same as Location Address

First Name	MI	Last Name
Title		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name	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 Address	
City, Town, or Village	
State	Country
Zip Code	
Email	
Phone	Ext
Fax	
Comments	

B. Name of Site's Legal Operator

Same as Location Address

Full Name	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	
Street Address	
City, Town, or Village	
State	Country
Zip Code	
Email	
Phone	Ext
Fax	
Comments	

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11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)
A. Other Waste Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated. Items a through d are the only wastes recognized as universal waste in Kansas.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number

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D. Pharmaceutical Activities - This section is not applicable in Kansas.

Y	N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
		<input type="checkbox"/> a. Healthcare Facility
		<input type="checkbox"/> b. Reverse Distributor
Y	N	2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including waste pharmaceuticals.

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K. This section is not applicable in Kansas.

Y	N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
		<input type="checkbox"/> 1. College or University
		<input type="checkbox"/> 2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
		<input type="checkbox"/> 3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
Y	N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y	<input type="checkbox"/> N	Are you a CESQG, KSQG, or SQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category? If “Yes”, you must fill out the Addendum for Episodic Generator. Refer to BWM Policy 2017-P2 for more information.
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14. LQG Consolidation of CESQG or KSQG Hazardous Waste

<input type="checkbox"/> Y	<input type="checkbox"/> N	Are you an LQG notifying of consolidating CESQG and/or KSQG hazardous waste under the control of the same person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of CESQG/KSQG Hazardous Waste. Refer to BWM Policy 2017-P2 for more information.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required) - This section is not applicable in Kansas.

Y	N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
		A. Central Accumulation Area (CAA) or Entire Facility
		B. Expected closure date: _____ mm/dd/yyyy
		C. Requesting new closure date: _____ mm/dd/yyyy
		D. Date closed : _____ mm/dd/yyyy
		1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
		2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

EPA ID Number

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16. Notification of Hazardous Secondary Material (HSM) Activity - This section is not applicable in Kansas.

Y	N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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17. Electronic Manifest Broker

<input type="checkbox"/> Y	N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

19. 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 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. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial, Last)	Title
Email	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial, Last)	Title
Email	

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**ADDENDUM TO THE SITE IDENTIFICATION FORM:
EPISODIC GENERATOR**



ONLY fill out this form if:

- You are a CESQG, KSQG, or SQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category pursuant to 40 CFR 262 Subpart L. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if more space is needed.

Episodic Event	
1. Planned . Excess chemical inventory removal <input type="checkbox"/> Tank cleanouts <input type="checkbox"/> Short-term construction or demolition . Equipment maintenance during plant shutdowns <input type="checkbox"/> Other _____	2. Unplanned <input type="checkbox"/> Accidental spills <input type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, hurricane, flood, etc.) <input type="checkbox"/> Other _____
3. Emergency Contact Phone	4. Emergency Contact Name
5. Beginning Date _____ (mm/dd/yyyy)	6. End Date _____ (mm/dd/yyyy)

Waste 1

7. Waste Description	8. Estimated Quantity (in pounds)				
9. Federal and/or State Hazardous Waste Codes					

Waste 2

7. Waste Description	8. Estimated Quantity (in pounds)				
9. Federal and/or State Hazardous Waste Codes					

Waste 3

7. Waste Description	8. Estimated Quantity (in pounds)				
9. Federal and/or State Hazardous Waste Codes					

EPA ID Number

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**ADDENDUM TO THE SITE IDENTIFICATION FORM:
LQG CONSOLIDATION OF CESQG/KSQG HAZARDOUS WASTE**

**ONLY fill out this form if:**

- You are an LQG receiving hazardous waste from CESQGs and/or KSQGs under the control of the same person. Use additional pages if more space is needed.

Site 1	CESQG	KSQG
1. EPA ID Number (if assigned)		2. Name
3. Street Address		
4. City, Town, or Village		5. State
		6. Zip Code
7. Contact Phone Number		8. Contact Name
9. Email		

Site 2	CESQG	KSQG
1. EPA ID Number (if assigned)		2. Name
3. Street Address		
4. City, Town, or Village		5. State
		6. Zip Code
7. Contact Phone Number		8. Contact Name
9. Email		

Site 3	CESQG	KSQG
1. EPA ID Number (if assigned)		2. Name
3. Street Address		
4. City, Town, or Village		5. State
		6. Zip Code
7. Contact Phone Number		8. Contact Name
9. Email		