

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Kentucky Department for Environmental Protection
 Division of Waste Management
 Hazardous Waste Branch
 300 Sower Blvd. – Frankfort KY 40601
 (502) 564-6716

FEE SUBMITTED: \$
 (Fill in amount enclosed – see
 instructions to determine your fee)

Receipt No. _____
 Date: _____

FOR OFFICIAL USE ONLY. DO NOT WRITE IN THIS SPACE.

I. Reason for Submittal
 (Mark all boxes that apply)

Reason for Submittal:

- NEW** – to provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- RENEWAL** – to renew your EPA ID Number. Enter month your current certificate expires _____
- REACTIVATE AN EPA ID NUMBER**
- MODIFICATION** – to provide subsequent notification (to update site identification information). *Mark all applicable modifications:* Generator Status Contact Person Add/Delete Waste Streams Ownership* Company Name*
 Other (Explain) _____
 *Enter previous owner and/or company name: _____

II. ID Numbers

A. EPA ID Number:

KY _ - _ - _ - _

B. AGENCY INTEREST Number:

III. Company Name

Company Name:

IV. Location

Street Address:

City:

State: KY

Zip Code:

County:

For Official Use Only: State District:

Latitude:

Longitude:

V. Land Type

Site Land Type: Private Federal State Municipal County

VI. NAICS Code(s)

A.

B.

C.

D.

VII. Contact & Mailing Address Information:

First Name:

MI:

Last Name:

Phone Number:

Phone Number Extension:

E-Mail Address:

Street Address or P. O. Box:

City:

State:

Country:

Zip Code:

VIII. Legal Owner Information:

Name of Legal Owner:

Date Became Owner: (mm/dd/yyyy)

__/__/__

Owner Type: Private Federal State Municipal County

Phone Number:

Phone Number Extension:

Street Address or P. O. Box:

City:

State:

Country:

Zip Code:

IX. Legal Landowner of the Real Property:

Name of Landowner:

Date Became Owner: (mm/dd/yyyy)

__/__/__

Owner Type: Private Federal State Municipal County

Phone Number:

Phone Number Extension:

Street Address or P. O. Box:

City:

State:

Country:

Zip Code:

X. Type of Regulated Waste Activity

Mark "X" in the appropriate boxes for all waste activities at this location. Complete any additional spaces as instructed.

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

Select Yes or No

Is this a one-time generator registration? No Yes

Choose only one of the following three categories:

- a. Large Quantity Generator:**
(over 2,200 pounds generated in any one calendar month, cannot be averaged) or;
(over one kilogram (2.2 pounds) of acute hazardous waste
- b. Small Quantity Generator:**
(220-2,200 pounds generated in any one calendar month, cannot be averaged)
- c. Conditionally Exempt Small Quantity Generator:**
(less than 220 pounds generated in any one calendar month, cannot be averaged) or;
(less than one kilogram (2.2 pounds) of acute hazardous waste

6. Recycler of Hazardous Waste

- Mark "X" in all boxes that apply
- a. Recycler of Lead Acid Batteries**
 - b. Recycler of Precious Metals**
 - c. Other Recycler**
Specify _____

7. Exempt Boiler and/or Industrial Furnace

- Mark "X" in all boxes that apply
- a. Small Quantity On-Site Burner Exemption**
 - b. Smelting, Melting, and Refining Furnace Exemption**

8. Underground Injection Well

9. Generator Treating Hazardous Waste On-Site*

Provide a brief description: _____

* Additional Application Requirements for new Treatment On-Site Activities— see instructions

2. United States Importer of Hazardous Waste

10. Laboratory Conducting Treatability Studies

3. Mixed Waste (hazardous and radioactive) Generator

11. Household Collection

4. Transporter of Hazardous Waste

Mark "X" in all boxes that apply

- a. Air** **b. Rail** **c. Highway** **d. Water**
- e. Transport for Hire** **f. Transport for Self**

12. Publicly Owned Treatment Works (POTW) Receiving Hazardous Waste

13. E-Scrap Collection Center

5. Treatment/Storage/Disposal Facility

(currently have or have applied for a Part B Permit)

14. Other (describe): _____

B. Universal Waste Activities

1. Large Quantity Universal Waste Handler
(over 11,000 pounds on-site storage)

Mark "X" in all boxes that apply

Generate Accumulate

- | | | |
|--|--------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Unused Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Spent Lamps
(includes fluorescent lamps) | <input type="checkbox"/> | <input type="checkbox"/> |

2. Destination Facility for Universal Waste

NOTE: A hazardous waste permit may be required for this activity

C. Used Oil Activities

Mark "X" in all boxes that apply

1. Used Oil Transporter If this box is marked, also indicate type(s) of activity(ies):

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner If this box is marked, also indicate type(s) of activity(ies):

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner If this box is marked, also indicate type(s) of activity(ies):

- a. Utility Boiler
- b. Industrial Boiler
- c. Industrial Furnace

4. Used Oil Fuel Marketer If this box is marked, also indicate type(s) of activity(ies):

- 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

XI. Description of Current Hazardous Wastes

Complete one line per waste stream. Use additional pages as necessary.

NOTE: For modifications, all current waste streams must be listed in addition to any new ones.

Description of Waste	EPA Waste Number(s)	Physical State	Maximum Amount of Waste Generated in a Calendar Month	Estimated Annual Quantity of Waste Generated	Unit of Measure
<i>Example: paint related waste material</i>	<i>D001 D035</i>	<i>L</i>	<i>500</i>	<i>1,500</i>	<i>P</i>
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					
J.					
TOTAL FOR ALL WASTE STREAMS					

XII. Waste Streams Being Deleted

Refer to your previous registration and list any waste streams this facility is no longer generating. This section is NOT APPLICABLE to first time applicants.

Description of Waste	EPA Waste Number(s)	Description of Waste	EPA Waste Number(s)
A.		D.	
B.		E.	
C.		F.	

XIII. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Signature (Must be original, please sign in blue ink):

B. Date Signed: (mm/ dd/ yyyy)

C. Typed or Printed Signatory Name:

D. Official Title of Signatory: