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| Kentucky Department for Environmental Protection  Division of Waste Management  Hazardous Waste Branch  300 Sower Blvd, Frankfort, KY 40601  (502) 564-6716  Registration Of Hazardous Waste Activity Addendum  (EPA Form 8700-12) | | | | | | | *FOR OFFICIAL USE ONLY.*  *DO NOT WRITE IN THIS SPACE.* | |
|  | **Fee Submitted:** $      *(Fill in amount enclosed – see instructions to determine your fee)* | | | | | | | |
| **I. Reason for Submittal**  *(Mark all boxes that apply)* | **Reason for Submittal:**  **NEW** – provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)  **RENEWAL** – renew your EPA ID Number. Enter month your current certificate expires  **REACTIVATE AN EPA ID NUMBER**  **MODIFICATION** – provide subsequent notification or 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. Facility Name and Lat/Long** | **Facility Name:**       **Facility Latitude:**       **Facility Longitude:** | | | | | | | |
| **III. ID Numbers** | **A.** **EPA ID Number:**  KY −   −   − | | | | | **B. AGENCY INTEREST (AI) Number:** | | |
| **IV. Legal Landowner of the Real Property:** | **Name of Landowner:** | | | | | | | |
|  | **Date Became Owner: (mm/dd/yyyy)**  **/   /** | | **Landowner Type:** Private Federal State  Municipal County Other | | | | | |
|  | **Phone Number:** | | | | **Phone Number Extension:** | | | |
|  | **Street Address or P. O. Box:** | | | | | | | |
|  | **City:** | **State:** | | | **Country:** | | | **Zip Code:** |
| **V. Type of Regulated Waste Activity**  *Mark “X” in the appropriate boxes for waste activities not included in the EPA Form 8700. Complete any additional spaces as instructed.* | | | | | | | | |
| **If Marked on EPA Form 8700 as a Transporter of Hazardous Waste, then mark “X” in all boxes that apply**  a. Transporter for Hire  b. Transfer Facility  c. Transport for Self | | | | **If Marked on EPA Form 8700 as a Recycler of Hazardous Waste, then mark “X” in all boxes that apply**  a. Recycler of Lead Acid Batteries  b. Recycler of Precious Metals  c. Other Recycler *Specify* | | | | |
| **If Marked on EPA Form 8700 as an Off-Specification Used Oil Burner, then mark “X” in all boxes that apply**  a. Utility Boiler  b. Industrial Boiler  c. Industrial Furnace | | | | **Used Oil Collection Center**  a. Storage capacity of facility: gallons | | | | |
| **Laboratory Conducting Treatability Studies** | | | | **Used Oil Recycler**   1. Amount recycled in previous calendar year: gallons | | | | |
| **E-Scrap Collection Center** | | | | **Publicly Owned Treatment Works (POTW) Receiving Hazardous Waste** | | | | |
| **Household Collection** | | | | **Other** *(describe)*: | | | | |
| **Generator Treating Hazardous Waste On-Site**\*  *Provide a brief description:*        \**Additional Application Requirements for Treatment On-Site Activities – see instructions* | | | | | | | | |

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| **EPA ID Number: KY −   −   −    Agency Interest Number:** | | | | | | | | |
| **VI. 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** | |
| *Example: paint related waste material* | | | *D001*  *D035* | | *L* | *500* | *1,500* | | *P* | |
| **A.** | | |  | |  |  |  | |  | |
| **B.** | | |  | |  |  |  | |  | |
| **C.** | | |  | |  |  |  | |  | |
| **D.** | | |  | |  |  |  | |  | |
| **E.** | | |  | |  |  |  | |  | |
| **F.** | | |  | |  |  |  | |  | |
| **G.** | | |  | |  |  |  | |  | |
| **H.** | | |  | |  |  |  | |  | |
| **I.** | | |  | |  |  |  | |  | |
| **J.** | | |  | |  |  |  | |  | |
| **TOTAL FOR ALL WASTE STREAMS** | | | | | |  |  | |  | |
| **VII. 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. | | | |  | | |
| **VIII. Comments** | | | | | | | | | | |
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