



NOTIFICATION OF RCRA SUBTITLE C WASTE ACTIVITY

Arkansas Department of Environmental Quality
Hazardous Waste Division
5301 Northshore Dr.
North Little Rock, AR 72118-5317
Phone: (501) 682-0833



1. Reason for Submittal (see instructions on page 6)	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #__) <input type="checkbox"/> As a component of the Hazardous Waste Annual Report		
2. Site EPA ID Number (see instructions on page 7)	EPA ID Number:		
3. Site Name (see instructions on page 8)	Name:		
4. Site Location Information (See Instructions on page 8)	Street Address:		
	City, Town or Village:		County:
	State:	Country:	Zip Code:
5. Site Land Type (see instructions on page 8)	<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		
6. NAICS Code(s) for the Site (at least 5-digit codes) (see instructions on page 8)	A.		C.
	B.		D.
7. Site Mailing Address (see instructions on page 8)	Street or P. O. Box:		
	City, Town or Village:		
	State:	Country:	Zip Code:
8. Site Contact Person (See instructions on page 8)	First Name:	MI:	Last Name:
	Title:		
	Street or P.O. Box:		
	City, Town, or Village:		
	State:	Country:	Zip Code:
	Email:		
	Phone:	Ext:	Fax:
	Address:		
9. Legal Owner and Operator of the Site (See instructions on pages 9-10)	A. Name of Site's Legal Owner:		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 or P.O. Box:		
	City, Town, or Village:		Phone:
	State:	Country:	Zip Code:
	B. Name of Site's Operator:		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		

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional items as instructed. (pages 10- 16)

A. Hazardous Waste Activities; Complete all parts 1-7.

Y N 1. Generator of Hazardous Waste
If "Yes", mark only one of the following - a, b, or c.
a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or
b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo) of nonacute hazardous waste.
c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities.
d. Short-Term Generator (generate from a short-term or one- time event and not from on-going processes).
e. United States Importer of Hazardous Waste
f. Mixed Waste (hazardous and radioactive) Generator
If "No", mark only one of the following - g or h
g. NGN: No Hazardous Waste Generated (FACILITY OPERATING)
h. CLD: No Hazardous Waste Generated (FACILITY CLOSED) Date

B. Universal Waste Activities: Complete all parts 1-2.
Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to Reg. No. 23 to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.
a. Batteries
b. Pesticides
c. Mercury containing equipment
d. Lamps
e. Other (specify)
f. Other (specify)
g. Other (specify)
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 (at your site)
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

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to Reg. No. 23 §262 Subpart K
1. Opting into or currently operating under Reg. No. 23 §262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
a. College or University
b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
2. Withdrawing from Reg. No. 23 §262 Subpart K for the management of hazardous wastes in laboratories

