



NORTH DAKOTA HAZARDOUS WASTE SITE IDENTIFICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
SFN 53681 (12-2005)

Telephone: 701-476- 4121
Fax Number: 701-241-8109
Website: www.ndhealth.gov/wm

1. Reason for Submittal (Mark all that apply)

Initial Notification and obtain a State/EPA ID Number for hazardous waste, universal waste, or used oil activities.

To provide Subsequent Notification to update information. (Sections 2, 6, and 10 MUST be completed).

As a First RCRA Hazardous Waste Part A Permit Application (pages 4-7 of 8700-23 must also be submitted) (this information will also be used as a subsequent notification).

As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment Number _____) (this information will also be used as a subsequent notification).

As a component of the Biennial Hazardous Waste Report (this information will also be used as a subsequent notification).

2. Site State/EPA ID Number <input style="width: 300px;" type="text"/> (If Initial Notification leave blank)			
3. Site Legal Name			
4. Site Street Address (Physical address, NO post office box number or route number)			
City	State	Zip Code	County Name
5. Site Land Type			
6. North American Industry Classification System (NAICS) Code(s) for the Site (enter the 5 or 6 digit code only)			
A. <input style="width: 90%;" type="text"/>		B. <input style="width: 90%;" type="text"/>	
C. <input style="width: 90%;" type="text"/>		D. <input style="width: 90%;" type="text"/>	
7. Site Mailing Address (if the Mailing Address is the same as the Street Address, enter "same")			
City		State	Zip Code
8. Site Contact Person			Telephone Number
Site Contact Address (if the Contact Mailing Address is the same as the Street Address, enter "same")			
City		State	Zip Code

9. Legal Owner and Operator of the Site (If the operator is the same as the owner, enter "same" in the Name of Site Operator field. If the owner and operator Mailing Address is the same as the Site Mailing Address, enter "same" in the field).

A. Name of Site's Legal Owner		Date Became Owner (mm/dd/yyyy)	
Address (Street or Post Office Box Number)			
City		State	Zip Code
Owner Type			
B. Name of Site's Operator		Date Became Operator (mm/dd/yyyy)	
Address (Street or Post Office Box Number)			
City		State	Zip Code
Operator Type			

State/EPA ID Number

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site).

<p>A. Hazardous Waste Activities</p> <p>1. Generator of Hazardous Waste (Choose only one of the three categories.)</p> <ul style="list-style-type: none"> a. LQG: Greater than 1,000 kg/mo (2,200 lbs/mo) b. SQG: 100 to 1,000 kg/mo (220-2,200 lbs/mo) c. CESQG: Less than 100 kg/mo (220 lbs/mo) <p>In addition, indicate other generator activities. (Mark all that apply)</p> <ul style="list-style-type: none"> d. United States Importer of Hazardous Waste e. Mixed Waste Generator (Hazardous and Radioactive) 	<p>For Items 2 through 6, mark all that apply.</p> <ul style="list-style-type: none"> 2. Transporter of Hazardous Waste 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) NOTE: A hazardous waste permit is required for this activity. 4. Recycler of Hazardous Waste (at your site) NOTE: A hazardous waste permit may be required for this activity. 5. Exempt Boiler and/or Industrial Furnace <ul style="list-style-type: none"> a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption 6. Underground Injection Control 			
<p>B. Universal Waste Activities</p> <p>1. Large Quantity Handler of Universal Waste (accumulates 5,000 kg or more of any universal waste (calculated collectively) at any one time). Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border: none;">Generate</td> <td style="text-align: center; border: none;">Accumulate</td> </tr> </table> <ul style="list-style-type: none"> a. Batteries b. Pesticides c. Mercury Containing Devices d. Lamps <p>2. Destination Facility for Universal Waste NOTE: A hazardous waste permit may be required for this activity.</p>		Generate	Accumulate	<p>C. Used Oil Activities (Mark all boxes that apply.)</p> <ul style="list-style-type: none"> 1. Used Oil Transporter - Indicate Type(s) of Activity(ies) 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies) 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies) <ul style="list-style-type: none"> 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
	Generate	Accumulate		

11. Description of Hazardous Wastes

Hazardous Waste Numbers for Regulated Hazardous Wastes. Please list the hazardous waste numbers of the hazardous wastes handled at your site (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

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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 the best of my knowledge and believe, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name	Official Title
Signature of Owner, Operator, or Authorized Representative	Date Signed (mm/dd/yyyy)
Printed Name	Official Title
Signature of Owner, Operator, or Authorized Representative	Date Signed (mm/dd/yyyy)

**SEND COMPLETED FORM TO:
ND Department of Health, 2301 8th Avenue North, Fargo, ND 58102**