State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Notification of Activity for Household & Very Small Quantity Generator Hazardous Waste Collection Facility

Form 4430-020 (R 1/07)

Notice: Collection of this information is authorized under s. NR 666.903(1) or 666.904(1), Wis. Admin. Code. Failure to provide this information may result in a penalty of $100 to $25,000. Personal information collected on this form will be used for management of DNR and UW Extension programs and for enforcement purposes. Information may be made available to requesters under Wisconsin's Open Records laws ss. 19.32-19.39, Wis. Stats.

Instructions: Submit this notification form at least 30 days prior to accepting waste. Submit a separate notification form for each site location that will be operated. If you are operating a permanent facility that closes for the season, you only need to submit this form once unless there are changes in information or operational status. You may use one form to notify for multiple temporary sites operated by the same owner. Attach a separate sheet listing the locations of each temporary site. If additional lines are needed for your response, please attach additional pages to this form. If you have questions regarding this form or the rules affecting household and very small quantity generator collection facilities, please refer to chapter NR 666 subchapter HH, Wis. Adm. Code, or contact the Bureau of Waste and Materials Management at 608-266-2111.

☐ Complete sections A, B, C, E, F, and I if you will be operating a **TEMPORARY** collection facility.

☐ Complete sections A, B, D, E, F, G, H, and I if you will be operating a **PERMANENT** collection facility.

A. Owner/Operator General Information

1. Type of Facility

☐ Permanent (collection or accumulation for greater than 5 days) ☐ Temporary (collection or accumulation for 5 days or less)

2. Owner/ Operator

3. Mailing Address	City	State	ZIP Code

4. Contact Person/ Title	5. Contact Telephone/ E-mail
6. Site Manager	7. Manager Telephone/ E-mail
8. Will a waste contractor be used*? ☐ Yes ☐ No	9. Contractor Name
*Owner/Operator is ultimately responsible to ensure that all applicable NR 666 requirements are met.	10. Contractor Telephone

B. Collection Site General Information: If you are operating multiple temporary sites, please attach a separate page listing all site locations.

1. Site Address	City	State	ZIP Code

2. EPA I.D. No. (Required for Permanent Only)	3. Days and Hours of Operation Days: Hours:

4. Will the site only be operated seasonally?

☐ Yes ☐ No

If Yes, please state the periods of time that the facility will be operated:

5. Service Area

6. Where will collection take place? (Check one box and describe)

☐ Loading Dock

☐ Temporary Shelter

☐ Parking Lot

☐ Permanent Building

☐ Other (describe):

C. Design and Operational Standards for TEMPORARY Facilities (NR 666.904)

1. Collection Frequency

☐ One-time ☐ Recurring - Frequency of Events: _____

2. Storm or sanitary sewer drains present?

☐ Yes ☐ No If Yes, drains should be covered or protected from releases.

3. List Spill Protection Equipment:	4. List Fire Protection Equipment:

5. Will the facility accept waste from very small quantity generators (VSQGs)?

☐ Yes ☐ No If YES, please attach a copy of the VSQG shipment receipt the facility intends to use.

D. Design and Operational Standards for PERMANENT Facilities (NR 666.902 & NR 666.903)

1. Describe building to be used for collection: (Building should be completely enclosed with a floor, walls, and a roof to prevent exposure to the elements.)

2. Describe type of floor: (Floor should be free of cracks and gaps and sufficiently impervious to contain any leaks and spills.)

3. Describe spill containment system:

4. Will the facility store greater than 80,000 pounds of hazardous waste at any time?

☐ Yes ☐ No If YES, complete Section H-Closure and Financial Responsibility.

5. Describe fire protection equipment:

6. Describe spill prevention equipment:

7. Will the facility accept waste from VSQGs?

☐ Yes ☐ No If YES, please attach a copy of the VSQG shipment receipt the facility intends to use.

E. Types of Wastes Accepted

Below is a list of household wastes accepted at collection events. Please check all types of waste the collection facility expects to handle. (Not all of the waste types listed below are defined as hazardous waste.)

☐ Ignitables (solvents, oil-based paints)	☐ Mercury Containing Wastes (thermometers, thermostats)	☐ Cylinders: _____
☐ Corrosives (pool chemicals, oven cleaners)	☐ Used Lamps (fluorescent)	☐ Medical Wastes: _____
☐ Latex Paint	☐ Batteries	☐ Explosives/Ordinances: _____
☐ Antifreeze	☐ PCB Wastes (ballasts)	☐ Other (Specify): _____
☐ Used Oil	☐ Electronic Equipment (CRTs, TVs)	☐ Other (Specify): _____
☐ Pesticides	☐ Asbestos	☐ Other (Specify): _____

F. Waste Management

1. Will the collection facility perform any of the following on-site treatment?

☐ Yes ☐ No If YES, check applicable boxes and describe.

☐ Bulking:

☐ Elementary neutralization:

☐ Treatment with absorbents:

G. Site Location and Layout for PERMANENT Collection Facilities

1. Attach a Site Plan to this notification that identifies all of the following

☐ Facility layout ☐ Location of spill equipment ☐ Location of hazardous waste storage areas

☐ Location of waste receiving areas ☐ Entrances and evacuation routes ☐ Location of fire protection equipment

H. Closure and Financial Responsibility Requirements for PERMANENT Collection Facilities (NR 666.909 & NR 666.910)

Will the facility store greater than 80,000 pounds of hazardous waste at any time?

☐ Yes ☐ No

If YES, the facility is subject to financial responsibility requirements listed below.

☐ Submit a detailed closure cost estimate as required by NR 666.910(1)(c) with this form.

☐ Submit proof of financial assurance as required by NR 666.910(2)(b) with this form.

I. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that qualified personnel properly gathered and evaluated the information submitted on this form. Based on my inquiry of the person or persons who manage the facility, 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.

Signature of Owner, Operator or Authorized Representative	Date Signed

Name and Official Title (Type or Print)

Submit completed hazardous waste notification form to:

Hazardous Waste Program Coordinator
Bureau of Waste and Materials Management - WA/7
Department of Natural Resources
101 S. Webster St.
PO Box 7921
Madison, WI 53707-7921