


Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. Information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Alabama Department of Environmental Management

(for ADEM Use Only)

I. Notification Class (Check appropriate box and enter ID number, if known.)

☐ Initial Notification

☐ Annual Notification

Facility's EPA ID Number

II. Operating Name of Facility (Include company and specific site name)

Operating Name of Facility (Continued)

III. Change of Facility Name?

☐ No

☐ Yes

(If Yes, enter previous name of Facility below.)

IV. Location of Facility (Physical address not P. O. Box or Route Number)

Street

City or Town

State

Zip Code

V. Geographic Location (See Instructions)

Method

C O S

Latitude

3

N

Longitude

0 8

W

County Name

VI. Facility Contact (Person to be contacted regarding waste activities at site)

Name (First)

(Last)

Job Title

Phone Number (Area Code and Number)

Ext.

Contact Email Address (Optional)

VII. Facility Mailing Address (See Instructions)

Street or P. O. Box

City or Town

State

Zip Code

VIII. Description of Facility Processes (See instructions for NAICS Code listings)

A. Facility Process

In the space provided below, describe each of the processes at your facility that produce Regulated Wastes.

1.

2.

3.

4.

5.

B. NAICS Codes:

Enter the North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of your site. Also, provide any additional NAICS Codes that describe the specific industrial processes that are used.

Primary

2

3

4

5

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A. Legal Name of Facility

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

			-				-					Ext.
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[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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						Indicator										
Yes	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		No	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
				Month	Day	Year										

[illegible]

Note: Pursuant to Rules 335-1-6 of the ADEM Administrative Code, all Notification Forms submitted to the Department must include the appropriate certification fee in order to be complete.

B. Used Oil Activities (Attach Schedule B)

1. ☐ Generator (≥ 25 gallons/month)
2. ☐ Transporter/Transfer Facility
3. ☐ Processor/Re-refiner
4. ☐ Fuel Marketer
5. ☐ Burner

C. Universal Waste Activities *(Attach Schedule C)*

1. ☐ Universal Waste Transporter
2. ☐ Large Quantity Handler ≥ 11,020 lbs
 (≥ 5,000 kg)
3. ☐ Small Quantity Handler < 11,020 lbs
 (< 5,000 kg)

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 belief, 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.

Date Signed[illegible]

Date Processed
(for Official Use Only)

**Alabama Department of Environmental Management
Land Division
P. O. Box 301463
Montgomery, AL 36130-1463**

Facility's EPA ID Number

XIII. Additional Information Sheet

Facility's EPA ID Number

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Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. Information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



ADEM Form 8700-12

Schedule A

**Certification of Hazardous
Waste Management**

(for ADEM Use Only)

I. Type of Hazardous Waste Activity (Mark 'X' in the appropriate boxes; See Instructions)

☐ **A. Hazardous Waste Generator**

- ☐ 1. 2,200 lbs (1,000 kg) per month or more (LQG)
- ☐ 2. 221 to 2,199 lbs (101 - 999 kg) per month (SQG)
- ☐ 3. 220 lbs (100 kg) per month or less (CESQG)
- ☐ 4. United States Importer of Hazardous Waste

☐ B. Hazardous Waste Transporter/Transfer Facility ++

- ☐ 1. Commercial Transporter *(received wastes from others)*
- ☐ a. Air ☐ d. Water
- ☐ b. Rail ☐ e. Other *(Specify)*
- ☐ c. Highway _____
- ☐ 2. Self Transporter *(Own Waste Only)*
- ☐ 3. Transfer Facility
- ☐ a. Loaded trucks
- ☐ b. Off-loaded containers
- ☐ c. Bulk Transfer between vehicles

	C. Treatment, Storage, Disposal Facility (at Facility) ††
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- ☐ **1. Facilities subject to Permit**
- ☐ **a. Operating Units** ☐ **c. Post Closure Care**
- ☐ **b. SWMU CA** ☐ **d. Other (Specify)** _____
- ☐ **2. Permit Exempt Treatment (subject to ADEM verification)**
- ☐ **a. WWTU/ENU** ☐ **d. Generator Evaporation**
- ☐ **b. Recycling Unit** ☐ **e. Generator Physical Processing**
- ☐ **c. TETF** ☐ **f. Other (Specify)** _____

D. Hazardous Waste Fuel Activity ††

- ☐ 1. Blender Marketing to Burner
- ☐ 2. Other Marketers
- ☐ 3. Boiler and/or Industrial Furnace
- ☐ a. Smelter Deferral ☐ b. Small Quantity Exemption

E. Recycling Activities *(Specify)*

†† **NOTE:** A permit may be required for this activity. Contact (334) 271-7730 for more information.

II. Hazardous Waste Generation

A. Waste Description	In the space provided, list the types of regulated waste typically generated or handled by your Facility. Attach additional sheets as necessary.
Types of Waste Generated	Estimated Yearly Generation in lbs.

1.

2.

3.

4.

B. Characteristics of Nonlisted Hazardous Wastes. [Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your Facility handles; See 335-14-2-.03(1) - (5). Additional spaces are available on the Supplemental page if you need to list more hazardous waste numbers.]

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

[illegible]

C. Listed Hazardous Wastes. [See 335-14-2-.04(2) - (4)]; Attach the Supplemental page if you need to list more hazardous waste numbers.

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24

[illegible]

25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66

During a typical year, this facility transports/transfers _____ of Hazardous Waste.
(quantity in pounds)

During a typical year, this facility treats	_____	of Hazardous Waste.
	(quantity in pounds)	
During a typical year, this facility stores	_____	of Hazardous Waste.
	(quantity in pounds)	
During a typical year, this facility disposes	_____	of Hazardous Waste.
	(quantity in pounds)	

During a typical year, this facility markets		of Hazardous Waste.
	(quantity in pounds)	
During a typical year, this facility combusts		of Hazardous Waste.
	(quantity in pounds)	

During a typical year, this facility recycles _____ of Hazardous Waste.
(quantity in pounds)

Comments:[illegible][illegible]

D. Listed and Nonlisted Hazardous Wastes D. Codes. [See 335-14-2-.04(2) - (4) and 335-14-2-.03(1) - (5)] If you need to list more hazardous waste numbers, attach copies of this page as necessary.

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

[illegible]

II. Hazardous Waste Generator (Supplemental)**D. Listed and Nonlisted Hazardous Wastes.** [See 335-14-2-.04(2) - (4) and 335-14-2-.03(1) - (5)] If you need to list more hazardous waste numbers, attach copies of this page as necessary.

121	122	123	124	125	126
127	128	129	130	131	132
133	134	135	136	137	138
139	140	141	142	143	144
145	146	147	148	149	150
151	152	153	154	155	156
157	158	159	160	161	162
163	164	165	166	167	168
169	170	171	172	173	174
175	176	177	178	179	180
181	182	183	184	185	186
187	188	189	190	191	192
193	194	195	196	197	198
199	200	201	202	203	204
205	206	207	208	209	210
211	212	213	214	215	216
217	218	219	220	221	222
223	224	225	226	227	228
229	230	231	232	233	234
235	236	237	238	239	240

Facility's EPA ID Number

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Page ____

ADEM Form 8700-12
Schedule B
Certification of Used Oil
Management

(for ADEM Use Only)

☐ **A. Used Oil Generator/Collector**

- ☐ 1. On-site Generation Only

- ☐ 2. Do-it-yourself Collection Center (i.e., from off-site source)

- ☐
3. Collection Center (i.e., from off-site source)

- ☐ 4. Aggregation Point (i.e., from off-site source)

☐ **B. Used Oil Fuel Marketer**

- ☐
1. Directs Shipment of Used Oil to Off-Specification Burner

- ## ☐ 2. First Claims Used Oil Meets Specifications

- ☐ **3. Burns Only Used Oil Generated On-site as On-Specification Fuel**

☐ C. Off-Specification Used Oil Fuel Burner

- ☐ 1. Burns Only Off-Specification Used Oil Generated On-Site

- ## 2. Indicate Type(s) of Devices

- ☐ a. Utility Boiler

- ☐ **b. Industrial Boiler**

☐ D. Used Oil Transporter *tt*

- ☐ 1. Only For Used Oil Generated On-site

- ☐ **2. Operates a Transfer Facility**

☐ E. Used Oil Processor/Re-refiner

†† NOTE: A permit is required for this activity. Contact (334) 271-7758 for more information

II. Used Oil Generation

During a typical year, this facility collects/generates _____ of Used Oil.
(quantity in pounds)

III. Used Oil Fuel Marketer

During a typical year, this facility markets _____ of Used Oil.
(quantity in pounds)

IV. Used Oil Burner

During a typical year, this facility burns _____ of Used Oil.
(quantity in pounds)

V. Used Oil Transporter

During a typical year, this facility transports _____ of Used Oil.
(quantity in pounds)

VI. Used Oil Processor/Re-refiner

During a typical year, this facility processes/re-refines _____ of Used Oil.
(quantity in pounds)

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by 335-1-6.

Comments:[illegible]

Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



ADEM Form 8700-12

Schedule C

**Certification of Universal
Waste Management**

(for ADEM Use Only)

I. Type of Universal Waste Activity (See Instructions)

<input type="checkbox"/>	A. Universal Waste Transporter																
<input type="checkbox"/>	B. Large Quantity Handler	Estimated Yearly Amount (in lbs.)															
<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">1. Battery(ies)</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">-</td> </tr> <tr> <td>2. Pesticide(s)</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td>3. Thermostat(s)</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td>4. Lamps</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td>5. Other (<i>specify</i>)</td> <td><hr style="border: 0; border-top: 1px solid black; width: 100%;"/></td> <td style="text-align: right;">-</td> </tr> </table>			1. Battery(ies)		-	2. Pesticide(s)		-	3. Thermostat(s)		-	4. Lamps		-	5. Other (<i>specify</i>)	<hr style="border: 0; border-top: 1px solid black; width: 100%;"/>	-
1. Battery(ies)		-															
2. Pesticide(s)		-															
3. Thermostat(s)		-															
4. Lamps		-															
5. Other (<i>specify</i>)	<hr style="border: 0; border-top: 1px solid black; width: 100%;"/>	-															
<input type="checkbox"/>	C. Small Quantity Handler	Estimated Yearly Amount (in lbs.)															
<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">1. Battery(ies)</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">-</td> </tr> <tr> <td>2. Pesticide(s)</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td>3. Thermostat(s)</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td>4. Lamps</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td>5. Other (<i>specify</i>)</td> <td></td> <td style="text-align: right;">-</td> </tr> </table>			1. Battery(ies)		-	2. Pesticide(s)		-	3. Thermostat(s)		-	4. Lamps		-	5. Other (<i>specify</i>)		-
1. Battery(ies)		-															
2. Pesticide(s)		-															
3. Thermostat(s)		-															
4. Lamps		-															
5. Other (<i>specify</i>)		-															

II. Universal Waste Transporter

During a typical year, this facility transports _____ of Universal Waste.
(quantity in pounds)

III. Universal Waste Destination Facility

During a typical year, this facility receives _____ of Universal Waste.
(quantity in pounds)

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by 335-1-6.

Comments:[illegible][illegible]

ADEM Form 8700-12, Notification Form Instructions

Note: The State Regulations (ADEM Admin. 335-14 – Hazardous Waste Program) pertaining to this form (and referenced in these instructions) may be purchased by calling 334-271-7997 or may be downloaded from the ADEM Website for free: <http://www.adem.state.al.us/> - click on the link on the left side of the page for “Alabama Environmental Regulations and Laws”.

Filling out the Forms: Type or print all items except Item XI, “Signature”, leaving a blank box between words. Place each character in a box, using blue or black ink. Abbreviate if necessary to stay within the number of boxes allowed for each Item. If you must use additional pages, indicate clearly the number of the Item on the form to which the information on the separate sheet applies. **Any form that is typed in a miniscule font or is otherwise considered illegible or unreadable will be returned for correction.**

Item I – Notification Class:

Place an “X” in the appropriate box to indicate whether this is the Initial Notification or an Annual Notification **for this site**. If this is your Initial Notification, you are applying for an EPA Identification Number.

If you have filed a previous notification, check the “Annual Notification” box and enter the EPA Identification Number assigned to this physical location in the boxes provided throughout the form. Leave EPA ID Number blank if this is the Initial Notification **for this physical location**.

Note: When the owner of a facility changes, the new owner must notify ADEM of the change, even if the previous owner already received an EPA Identification Number. Because the EPA ID Number is “site-specific”, the new owner will be assigned the existing ID number for that site.

Item II – Operating Name of Facility

Enter the current full name of the facility in the lines provided. This is the “d/b/a” name for the site.

Item III – Change of Facility Name

If the name of this facility has not changed since the facility’s original notification, check the box marked “No” and skip to Item IV.

If the name of this facility has changed since the facility’s original notification, place an “X” in the box marked “Yes” and enter previous facility name in the line provided

Item IV –Location of Facility:

Please note that the address you give for Item IV, “Location of Facility”, must be a physical address **not a post office box or route number**. Show 9-digit zip code if possible.

Item V - Geographic Location:

Enter the exact physical location of the facility as expressed in Latitude and Longitude in decimal format. If you do not have this information, it is available over the internet from several sites; such as www.geocode.com, www.maporama.com, or www.travelgis.com/geocode. If you do not have internet access, call the Land Division at (334) 271-7730 for assistance with this Item.

Also, using the codes listed below, circle the method on the form used for determining the facility location.

C = Software Calculation
O = Obtained from Satellite

S = Surveyed

County Name: Enter the name of the county where the Facility is located.

Item VI - Facility Contact:

Enter the name, title, and business telephone number of the person who should be contacted regarding management of regulated waste for the Facility.

Contact Email Address: If available, enter the email address for the contact person or for the facility in the space provided.

Item VII - Facility Mailing Address:

Please enter the Facility Mailing Address, including 9-digit zip code if possible. If the Mailing Address and the Location of Facility (Item IV) are the same, please print "Same" in the line for this Item.

Item VIII - Description of Facility Processes:

- A. Facility Process:** Describe in detail each of the processes at the facility that produce regulated wastes. If additional space is needed, use Item XIII or attach a separate sheet.
- B. NAICS Codes:** Enter the 4 – 6 digit North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of the Facility. If multiple industrial processes are used by the facility, enter NAICS Codes for these specific processes as needed. Go to <http://www.census.gov/epcd/www/naics.html> for a searchable database.

Item IX - Ownership:

Use the Comment Section (XII), Section XIII or attach additional pages, if necessary, to list more than one owner/operator per section.

Change of Owner: (If this is the Facility's Initial Notification, leave this area blank. If this is an Annual Notification, complete this area as directed below.)

If the owner of this facility has not changed since the facility's last notification, check the box marked "No".

If the owner of this facility has changed since the facility's last notification, place an "X" in the box marked "Yes" and enter the date the owner changed.

If an additional owner(s) has been added or replaced since the facility's last notification, place an "X" in the box marked "Yes". Use the Comment Section (XII) or Section XIII to list any additional owner/operator(s), the dates they became owner/operator(s), and which owner/operator(s) (if any) they replaced. If necessary, attach a separate sheet of paper.

- A) Legal Name of Facility:** Enter the legal name of the business operating at this location.
- B) Name of Facility's Legal Owner:** Enter the name of the Facility's legal owner. Also, enter the address and telephone number where the legal owner can be reached. Use the Change of Owner area as detailed above.
- C) Land Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the land on which the facility is located:
- | | |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian |
| S = State | O = Other |
| C = County | |
- D) Owner Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the current owner of the facility:
- | | |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian |
| S = State | O = Other |
| C = County | |
- E) Operator Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the current owner of the facility:
- | | |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian |
| S = State | O = Other |
| C = County | |
- F) Name of Facility's On-Site Operator:** Enter the name of the Facility's on-site operator. Also, enter the address and telephone number where the on-site operator can be reached. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.
- G) Name of Facility's Parent Company:** Enter the name of the Facility's parent company. Also, enter the address and telephone number for the parent company. Use the Change of Owner area as detailed above. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.
- H) Name of Facility's Property Owner:** Enter the name of the property owner. Also, enter the address and telephone number where the property owner can be reached. Use the Change of Owner area as detailed above. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.

Item X – Certification Status:

In this area, check all Waste Activities that your facility anticipates operating as during the coming year. If you anticipate changing generator status during the next year, always mark the larger generator status of your operation.

CERTIFICATION FEE - ADEM Administrative Code Rule 335-14-3-.01(3) requires the submission of ADEM Form 8700-1 2, Notification of Regulated Waste Activity, to include the payment of a certification fee. This fee is specified in Chapter 335-1-6 of the ADEM Administrative Code. This requirement applies to both Initial and Annual Notifications. All notifications must include this certification fee to be complete.

Item XI. – Certification:

This Form must be signed by the owner, operator, or an authorized representative of the Facility. An “authorized representative” is a person responsible for the overall operation of the facility (i.e., a plant manager, superintendent, or a person of equal responsibility). All notifications must include this signature to be complete.

Item XII. – Comments and Item XIII – Additional Space:

Use this space for any additional comments.

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7730.

Schedule A

Certification of Hazardous Waste Management

Item I - Hazardous Waste Activity: Mark an "X" in the appropriate box(es) to show which hazardous waste activities are expected at this facility over the next 12 months.

A. Hazardous Waste Generator: If you generate a waste which is hazardous by characteristic or listed in 335-14-2, check the appropriate box for the quantity of *non-acutely hazardous waste* that is generated per calendar month.

1. A Large Quantity Generator generates 2,200 lbs (1,000 kg) per month or more (LQG)
2. A Small Quantity Generator generates 221 - 2,199 lbs (101 to 999 kg) per month (SQG)
3. A Conditionally Exempt Small Quantity Generator generates 220 lbs (100 kg) per month or less (CESQG)
4. United States Importer of Hazardous Waste – If you import Hazardous Waste from a foreign country into the United States.

* Note: if you report as a hazardous waste generator, then you must list a waste code under Item II.

If you generate *acutely hazardous waste*, please refer to ADEM Administrative Code Chapter 335-14-3 or call 334-271-7730 for further information.

B. Hazardous Waste Transporter/Transfer Facility: If you transport hazardous waste, indicate if it is for **1.** commercial purposes, **2.** your own waste, or mark both boxes if both classifications apply. If a commercial transporter, mark an "X" in each appropriate box to indicate the method(s) of hazardous waste transportation you use. If you operate as a **3.** transfer facility, indicate whether regulated wastes are managed in loaded trucks, contents of bulk loads are transferred from one vehicle to another, or containers are off-loaded from one vehicle and subsequently reloaded onto another vehicle for further transportation. (*Check all that apply.*) The State regulations for hazardous waste transporters are found in ADEM Administrative Code Chapter 335-14-4.

Note: A permit may be required for this activity. Contact (334) 271-7984 for more information. The **Alabama Hazardous Waste/Used Oil Transporter Permit Application Package** is available online at <http://www.adem.state.al.us> (using the Right Side Menu Icons – choose ADEM Forms) or you can call 334-271-7758 and request a package be mailed to you.

C. Treatment, Storage, Disposal Facility: This section applies if you treat, store or dispose of regulated hazardous waste, or are required (by State regulations, ADEM or EPA permit, AHWMMMA/RCRA Order, etc.) to perform post-closure care for a closed unit, or are required by permit as order to perform SWMU corrective action. A permit may be required for this activity. Contact (334) 271-7730 for more information.

Note: You must contact ADEM at 334-271-7730 to request **Part A of the RCRA Permit Application**

1. **Facilities subject to Permit:** Check each type of activity conducted by your facility.
 - a. **Operating Units** – Operating treatment, storage or disposal units subject to permitting requirements of 335-14-8 including any inactive units.
 - b. **SWMU CA** – Facilities which are conducting, or are required to conduct, assessment, investigation, remediation, and/or monitoring of solid waste management unit area of concern pursuant to an AHWMMMA/RCRA Order or permit issued by ADEM or EPA.
 - c. **Post-Closure Care Units** – Units for which final closure certification has been accepted by ADEM and which are subject to the post-closure care requirements 335-14-5, 335-14-6, and 335-14-8.
 - d. **Other (specify)** In the space provided, specify the type of activity subject to permit practiced at your facility if not listed above.
2. **Permit Exempt Treatment:** Mark an “X” in each type of permit exempt treatment conducted by your facility.
 - a. **WWTU/ENU** 335-14-8-.01(1)(c)2.(v)
 Owners and operators of elementary neutralization units or wastewater treatment units as defined in Rule 335-14-1-.02 which manage only wastes and/or wastewaters generated on-site, or which are POTWs or privatized municipal wastewater treatment facilities.

[Note: Commercial treatment, or treatment except by the generator, of wastes and/or wastewaters in elementary neutralization or wastewater treatment units are not exempt from the requirement to obtain an AHWMMMA permit.]

 - b. **Recycling Unit** 335-14-2-.01(6)/335-14-8-.01(1)(c)3.(v)
 A person who receives hazardous waste from off-site for the purpose of reclamation/recycling in a unit or process which is exempted from regulation pursuant to 335-14-2-.01(6) is not required to obtain a permit under 335-14-8 for storage of the waste prior to introduction into the exempt reclamation/recycling process provided that:
 - (I) The hazardous waste is introduced into the exempt process within three days of receipt at the facility; and
 - (II) The hazardous waste is managed in containers, tanks, or containment buildings and the owner/operator complies with all applicable requirements of 335-14-5-.02, 335-14-5-.03, 335-14-5-.04, 335-14-5-.05, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09, 335-14-5-.10, 335-14-5-.27, 335-14-5-.28, and 335-14-5-.30.
 - c. **TETF** 335-14-8-.01(1)(c)2.(iv)
 Owners or operators of totally enclosed treatment facilities as defined in Rule 335-14-1-.02;
 - d. **Generator Evaporation** 335-14-8-.01(1)(c)2.(viii)
 Generators treating on-site generated hazardous wastes by evaporation in tanks or containers provided that:
 - (I) The generator complies with the applicable requirements of Chapter 335-14-3,
 - (II) Such treatment does not result in the emission or discharge of hazardous wastes or hazardous constituents into the environment in excess of any standard(s) promulgated by the Department or the Environmental Protection Agency,

- (III) With respect to treatment, the generator complies with the applicable requirements of Rules 335-14-5-.02(5), 335-14-5-.02(6), 335-14-5-.02(7), 335-14-5-.02(8), 335-14-5-.03, 335-14-5-.04, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09 and 335-14-5-.10,
 - (IV) Such treatment minimizes the amount of hazardous wastes which are subsequently generated, treated, and/or disposed, and
 - (V) The generator provides the Department with written notice of intent to treat such hazardous wastes on or before the effective date of 335-14-8-.01 or at least 60 days prior to the initiation of waste treatment, whichever date occurs last. This notice must provide documentation of compliance with the requirements of 335-14-8-.01(1)(c)2.(viii)(II), (III), and (IV), and must be maintained for the life of the facility and be available for inspection;
- e. Generator Physical Processing** 335-14-8-.01(1)(c)2.(x)
- Generators treating on-site generated hazardous wastes in tanks or containers by physical or mechanical processes (e.g., compacting rags, crushing fluorescent lamps) solely for the purpose of reducing the bulk volume of the waste which must be subsequently managed as a hazardous waste provided that:
- (I) The generator complies with the applicable requirements of Chapter 335-14-3;
 - (II) The treatment process does not result in a change in the chemical composition of the waste(s) treated;
 - (III) No mixing of different waste streams occurs;
 - (IV) No free liquids are included in the waste(s) to be treated or generated by the treatment process;
 - (V) The potential for ignition and/or reaction of the waste during treatment and/or as the result of treatment does not exist;
 - (VI) The treatment reduces the volume of hazardous waste which must be subsequently managed;
 - (VII) Such treatment does not result in the emission or discharge of hazardous wastes or hazardous constituents into the environment in excess of any standard(s) promulgated by the Department or the Environmental Protection Agency;
 - (VIII) With respect to treatment, the generator complies with the applicable requirements of Rules 335-14-5-.02(5), 335-14-5-.02(6), 335-14-5-.02(7), 335-14-5-.02(8), 335-14-5-.03, 335-14-5-.04, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09, 335-14-5-.10; and
 - (IX) The generator provides the Department with written notice of intent to treat such hazardous wastes on or before the effective date of 335-14-8-.01 or at least 60 days prior to the initiation of waste treatment, whichever date occurs last. This notice must provide documentation of compliance with the requirements of 335-14-8-.01(1)(c)2.(x)(II), (III), (IV), (V), (VI), (VII), and (VIII), and must be maintained for the life of the facility and be available for inspection.
- f. Other (specify)** In the space provided, specify the type of permit exempt treatment practiced at your facility if not listed above.

Note: Treatment types which are exempt from permitting requirements are subject to ADEM verification.

- D. Hazardous Waste Fuel Activity:** If you market hazardous waste fuel, place an "X" in the appropriate box(es). If you burn hazardous waste fuel on-site, check the appropriate box(es) and indicate the type(s) of combustion devices in which hazardous waste fuel is burned.

Note: Generators are required to notify for waste-as-fuel activities only if they market directly to the burner.

"Other Marketer" is defined as any person, other than a generator marketing hazardous waste, who markets hazardous waste fuel.

Note: A permit may be required for this activity. Contact (334) 271-7730 for more information.

- E. Recycling Activities:** List any significant hazardous waste recycling which occurs at the facility. Attach a separate sheet if additional space is needed.

Item II – Hazardous Waste Generation: If you need help completing this section, please feel free to contact the Hazardous Waste Branch of ADEM at (334) 271-7730.

- A) Waste Description:** In the space provided, list the common names of the hazardous wastes generated or handled by the facility. Also, indicate the estimated yearly volume for each waste stream for a typical year.

NOTE: See the final page of these instructions for a rough conversion table for converting measurements to pounds.

- B) Characteristics of Nonlisted Hazardous Wastes:** If you handle hazardous wastes which are not listed in ADEM Administrative Code Rule 335-14-2-.04 but do exhibit a characteristic of hazardous waste as defined in Rule 335-14-2-.03, you should describe these wastes by the EPA hazardous waste number for the characteristic. Place an "X" in the box under the characteristic of the wastes that you handle. In the case of "Toxicity Characteristic", please list the specific EPA hazardous waste number for the specific contaminant(s) in the box(es) provided.

***Note: If you report as a hazardous waste generator then you must list a waste code**

- C) Listed Hazardous Wastes:** If you handle hazardous wastes that are listed in ADEM Administrative Code Rule 335-14-2-.04, enter the appropriate 4 digit numbers in the boxes provided.

Item III – Hazardous Waste Transporter/Transfer Facility: In the area provided, enter the approximate amount of hazardous waste transported or transferred by your facility during a typical year.

Item IV – Treatment, Storage, Disposal Facility: In the area provided, enter the approximate amount of hazardous waste treated, stored and/or disposed by your facility during a typical year.

Item V – Hazardous Waste Fuel Activity: In the area provided, enter the approximate amount of hazardous waste fuel marketed and/or combusted by your facility during a typical year.

Item VI – Recycling Activity: In the area provided, enter the approximate amount of hazardous waste recycled by your facility during a typical year.

Comments:

Use this space for any additional comments.

Facility's EPA ID Number: Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY.

NOTE: An additional page has been included titled "Item II – Hazardous Waste Generation (Supplemental)". Include this page only if you need to list more hazardous waste codes than are allowed on the Schedule A form.

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P O Box 301463
Montgomery, AL 36130-1463

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7730.



Schedule B

Certification of Used Oil Management

Item I - Used Oil Management Activities: Check the appropriate box(es) to indicate which used oil fuel activities are conducted at this Facility.

A. Used Oil Generator/Collector: If you generate or collect more than 25 gallons/month of used oil on average (over 300 gallons per year), mark an "X" in this box.

If the used oil in question is from on-site generation only, check box 1.

Some facilities may have other factors to consider. If you collect used oil from do-it-yourselfers from off-site, mark an "X" in box 2. If you collect used oil from off-site, mark an "X" in box 3. If you operate an Aggregation Point for off-site generation, mark an "X" in box 4.

B. Used Oil Fuel Marketer:

If you market off-specification used oil, check box 1. If you are the first to claim the used oil meets the used oil specification established in 335-14-17-.02(2) [40 CFR 279.11], mark an "X" in box 2. If either of these boxes is marked, you must also notify (or have previously notified) as a used oil transporter, off-specification used oil fuel burner, or used oil processor/re-refiner, unless you are a used oil generator.

*If you are a Used Oil Generator who burns **only** used oil generated on-site as on-specification fuel, check box 3.*

C. Off-specification Used Oil Fuel Burner: If you burn off-specification used oil fuel (whether on-site or off-site generated), place an "X" in box C.

*If you only burn **off-specification** used oil generated on-site, check box 1.*

Also, place an "X" in the box(es) to indicate the type(s) of combustion device(s) in which off-specification used oil fuel is burned.

D. Used Oil Transporter: If you transport used oil and/or own/operate a used oil transfer facility, place an "X" in the appropriate boxes to indicate this used oil activity.

Note: A permit may be required for this activity. Contact (334) 271-7984 for more information. The **Alabama Hazardous Waste/Used Oil Transporter Permit Application Package** is available online at <http://www.adem.state.al.us> (using the Right Side Menu Icons – choose ADEM Forms) or you can call 334-271-77 58 and request a package be mailed to you.

E. Used Oil Processor/Re-refiner: If you process and/or re-refine used oil, place an "X" in box E. to indicate this used oil recycling activity.

Item II – Used Oil Generation: In the area provided, enter the approximate amount of Used Oil that your facility generated or collected during a typical year.

Item III – Used Oil Fuel Marketer: In the area provided, enter the approximate amount of Used Oil marketed by your facility during a typical year.

Item IV – Used Oil Burner: In the area provided, enter the approximate amount of Used Oil burned by your facility during a typical year.

Item V – Used Oil Transporter: In the area provided, enter the approximate amount of Used Oil transported by your facility during a typical year.

Item VI – Used Oil Processor/Re-refiner: In the area provided, enter the approximate amount of Used Oil that was processed or re-refined by your facility during a typical year.

NOTE: See the final page of these instructions for a rough conversion table for converting measurements to pounds.

Comments:

Use this space for any additional comments.

Facility's EPA ID Number: Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY.

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P O Box 301463
Montgomery, AL 36130-1463

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7730.



Schedule C

Certification of Universal Waste Management

Item I - Universal Waste Activity: Check the appropriate box(es) to indicate which universal waste activities are conducted at your Facility.

- A. Universal Waste Transporter:** If you are a transporter of universal waste, mark an "X" in this box.
- B. Large Quantity Handler:** If you are a Large Quantity Handler of universal waste as described by ADEM Administrative Code Chapter 335-14-11, indicate the estimated yearly volume of the universal waste(s) generated.
- C. Small Quantity Handler:** If you are a Small Quantity Handler of universal waste as described by ADEM Administrative Code Chapter 335-14-11, indicate the estimated yearly volume of the universal waste(s) generated.

NOTE: See the final page of these instructions for a rough conversion table for converting measurements to pounds.

Item II – Universal Waste Transporter: In the area provided, enter the approximate amount of Universal Waste transported by your facility during a typical year.

Item III – Universal Waste Destination Facility: In the area provided, enter the approximate amount of Universal Waste that is received by your facility during a typical year.

Comments:

Use this space for any additional comments.

Facility's EPA ID Number: Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY.

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P O Box 301463
Montgomery, AL 36130-1463

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7730.

Rough Conversion Table

1 ton	=	2000 pounds
1 kilogram	=	2.204 pounds
1 metric ton	=	2204.58 pounds
1 gallon of water	=	8.34 pounds
1 gallon of solvent	=	6.9 pounds
1 gallon of motor oil	=	7.7 pounds

