

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

Form 4430-020 (R 05/21)

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Temporary and permanent household and very small quantity generator hazardous waste collection facilities must notify the department of their intended activity at least 30 days prior to accepting waste. Review the definitions of temporary and permanent collection facilities below. These definitions are different from the Department of Agriculture, Trade and Consumer Protection (DATCP), the agency administering the Clean Sweep grants. Requirements for collection of these wastes is located in chapter NR 666, Subchapter HH, Wis. Admin. Code.

Definitions:

Temporary collection facilities collect or store household hazardous waste or very small quantity generator waste, or both, for no more than 5 consecutive days. All hazardous waste collected during the event must be delivered off-site to a licensed or permitted treatment, storage and disposal facility, recycling facility, or a permanent collection facility within 5 days of the event. Temporary collection facilities must notify the department every year an event is held.

Permanent collection facilities collect or store household hazardous waste or very small quantity generator waste, or both, for more than 5 consecutive days. All hazardous waste collected during the season must be delivered off-site to a licensed or permitted treatment, storage and disposal facility, recycling facility, or a permanent collection facility within one year from the date the waste was received. Permanent collection facilities need only submit this notification once, unless information or operational status changes.

Instructions: Submit this notification form **at least 30 days prior to accepting waste**. 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 this notification for multiple temporary locations operated by the same owner. If you have questions regarding this form or the operating requirement affecting household and very small quantity generator collection facilities, refer to [chapter NR 666 subchapter HH, Wis. Adm. Code](#), or contact the department via email at DNRWasteMaterials@Wisconsin.gov. Not all requirements for operation are identified in this notification.

- ☒ Notifying to operate as a **TEMPORARY** collection facility.
☐ Notifying to operate or update information for a **PERMANENT** collection facility.

A. Owner/Operator General Information

1. Type of Facility

Temporary Collection Event(s)- (collection or accumulation for 5 days or less)

2. Owner or Operator-(Operator is the person responsible for the overall operation of a facility. Owner is the person who owns a facility or part of a facility.)

Sauk County

3. Mailing Address 505 Broadway St	City Baraboo	State WI	ZIP Code 53913
4. Name and Title of Event Contact Person Justine Bula/Education Coordinator	5. Event Contact Telephone (608) 355-4842		
6. Event Contact E-mail justine.bula@saukcountywi.gov	7. Name of Event Manager Justine Bula		
8. Event Manager Telephone (608) 355-4842	9. Event Manager Email justine.bula@saukcountywi.gov		
10. Will a waste contractor be used*? <input checked="" type="radio"/> Yes <input type="radio"/> No *Owner/Operator is ultimately responsible to ensure that all applicable NR 666 requirements are met.	11. Contractor Name (if applicable) Veolia Environmental Services		
	12. Contractor Telephone (262) 255-6655		

B. Collection Site General Information: If you are operating multiple sites, you may notify for each one using the + button, at the end of section E on the right.

1. Site Address E8795 Evergreen Ln	City Baraboo	County Sauk	State WI	ZIP Code 53913
2. EPA I.D. No. (Required) WIR000049031				
3. Indicate the service area served by the collection facility. From which municipality will waste be accepted? (For example, provide township, county, or city) Sauk County				
4. Where will collection take place? (Select one and describe) Other (describe) Old Sauk County Landfill				

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

1. Collection Frequency

☐ One-time ☒ Recurring - Dates of Event(s)

First date of event: 09/30/2023 Last date of event: _____



Comments:

Held once per year on the last Saturday in September.

2. All employees are thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities?

☒ Yes ☐ No

Comments:

3. Storm or sanitary sewer drains present?

☐ Yes ☒ No If Yes, drains should be covered or protected from potential releases during an event.

4. List Spill Protection Equipment available during the event:
Impermeable tarps to be utilized under unloading
labpacking & bulking activities. Granular absorbent will
be on-site for accidental small spills.

5. List Fire Protection Equipment available during the event:
Contractor will have multiple ABC fire extinguishers on
site staged in each activity area.

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

☒ Yes ☐ No

☐ Upload a copy of the VSQG receipt the facility intends to use. [NR666.904(9)]

D. 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.)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Ignitable (solvents, oil-based paints) | <input checked="" type="checkbox"/> Mercury Containing Wastes (thermometers, thermostats) | <input type="checkbox"/> Cylinders: _____ |
| <input checked="" type="checkbox"/> Corrosives (pool chemicals, oven cleaners) | <input checked="" type="checkbox"/> Used Lamps (fluorescent) | <input type="checkbox"/> Pharmaceutical Wastes: _____ |
| <input type="checkbox"/> Latex Paint | <input checked="" type="checkbox"/> Batteries | <input type="checkbox"/> Explosives/Ordinances: _____ |
| <input checked="" type="checkbox"/> Antifreeze | <input checked="" type="checkbox"/> PCB Wastes (ballasts) | <input checked="" type="checkbox"/> Other (Specify): <u>Electronics</u> |
| <input checked="" type="checkbox"/> Used Oil | <input checked="" type="checkbox"/> Electronic Equipment (CRTs, TVs) | <input checked="" type="checkbox"/> Other (Specify): <u>Tires</u> |
| <input checked="" type="checkbox"/> Pesticides | <input checked="" type="checkbox"/> Asbestos | <input type="checkbox"/> Other (Specify): _____ |

Note: If you have received a DATCP Clean Sweep grant review the list of reimbursable wastes.

E. Waste Management

Select and describe what allowable on-site hazardous waste treatment will occur:

- ☒ Bulking: Describe Bulking & Commingling of oil based/solvent based liquids, paints & waste
- ☐ Elementary neutralization: Describe _____
- ☐ Treatment with absorbents: Describe _____
- ☐ No on-site treatment will occur

[Add an additional Temporary Facility ==>>](#)



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F. 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)

NOTE: If submitting this request electronically, please type your name on the signature line. Your typed name, along with the email message generated from electronic submittal of this form, will be used as an electronic signature which is the legal equivalent to an actual signature.

Submit by Email...