



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Notification of Regulated Waste Activity Form

Hazardous Waste Program

Doc Type: License Application

Instructions begin on Page 2

Type or print only. You may complete this form electronically at http://www.pca.state.mn.us/publications/w-hw7-09.doc. When complete, make one copy for your records and mail the original to the address above, Attn: Hazardous Waste Licensing. You may also fax it to 651-205-4592, or e-mail an image of a signed copy to: hw-licensing.pca@state.mn.us.

- 1. Type of notification: [X] Initial [] Subsequent [] Inactivation
2. Hazardous Waste Identification Number (HWID):
3. Name of site: Community Dental Care Parking Lot
4. Street address of site: 1236 Arcade St.
5. Site city: St. Paul 6. State: MN 7. ZIP+4 code: 55106
8. Site County: Ramsey 9. Primary NAICS code for site:
10. Legal name of business/agency operating site: Community Dental Care
11. Mailing address of business: 1670 Beam Ave. Ste. 204
12. Business city: Maplewood 13. State: MN 14. ZIP+4 code: 55109
15. Site hazardous waste contact: Carolyn Bass
16. Mailing address of contact: 828 Hawthorne Ave.
17. Contact city: St. Paul 18. State: MN 19. ZIP+4 code: 55106
20. Contact phone: 651-774-2959 21. Contact fax: 651-774-1997
22. Contact e-mail: carolynbass@cdentc.org
23. Site estimated hazardous waste generator size (If you generate hazardous waste, choose only one):
24. Other hazardous waste activities (If you only generate hazardous waste, leave these blank):
25. Electronic, universal, and other collection site activities (If you only generate hazardous waste, also leave these blank):
26. Used oil activities (If you only generate used oil, or burn only your own used oil, leave these blank):

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

27. Print name: Carolyn Bass Title: General Manager
28. Signature: [Signature] 29. Date: 9/12/13