

HAZARDOUS WASTE NOTIFICATION QUESTIONNAIRE

I. GENERAL INFORMATION (Print or Type)

Company Name _____ Contact Person _____
Address _____ Phone _____
City _____ State _____ Zip _____

II. HAZARDOUS WASTE INFORMATION (Check Applicable)

- a. _____ No hazardous wastes are discharged to the sanitary sewer.
b. _____ Less than 15 kilograms or 33.1 pounds of hazardous wastes are discharged to the sanitary sewer per calendar month (1 oz. in 1 gal. = 8.34 lbs.) (<33.1 = 3.77 gal. per month)
**Note: If (a) or (b) was checked, please proceed to Section III-Certification.*
c. _____ Any quantity of acute (as defined in 40 CFR 261.30(d) and 261.33(e), hazardous wastes are discharged to the sanitary sewer per calendar month.
d. _____ More than 15 kilograms or 33.1 pounds of hazardous wastes are discharged to the sanitary sewer system per calendar month.
e. _____ More than 100 kilograms or 220.7 pounds of hazardous wastes are discharged to the sanitary sewer per calendar month.

Please continue if items (c) or (e) were checked.

- f. _____ Name(s) of hazardous waste:
g. _____ EPA hazardous waste numbers(s):
h. _____ Type of discharge (check applicable): _____ continuous _____ batch _____ other

III. CERTIFICATION

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature _____ Title _____ Date _____

When completed, please mail your questionnaire to the following address:

Water Pollution Control Facility
300 East 8th Street
Greeley, CO 80631

You can also FAX the questionnaire to our FAX number at 970.350.9366

THANK YOU FOR YOUR PARTICIPATION!