

Special Wastewater Disposal Request

Special Waste Disposal No.: _____ - _____

Company Name:			
Company Address			
Contact Name:			
Contact Title:			
Telephone No.:		Fax No.:	

Name and address of facility where waste is to be disposed; if different from above:

Name of waste material: (*attach MSDSs*)

How was the waste generated?

Was the waste ever classified as RCRA Hazardous Waste?

YES NO

If YES, what was the previous identification number? _____

Waste Composition: (*attach Lab Analysis, if available*)

What was the source of the chemical data?

Volume, Frequency and Rate of Disposal:

Additional Comments:

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information herein, 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.

Signature of Waste Generator

Title

Date