

**DISPOSAL OF TOXICS PROGRAM
SMALL QUANTITY GENERATOR DESIGNATION FORM**

Send to:
Disposal of Toxics Program
3505 Airport Drive
Bellingham, WA 98226

Fax to: (360) 734-0281

Email To: wbrown@harsco.com



Whatcom County
Waste Prevention &
Recycling Program

Program Use Only

Rec'd _____
Reviewed by _____
Status _____
Date completed _____

The Disposal of Toxics Facility is permitted to accept waste from Small Quantity Generators only. In order to dispose of waste at this facility we must determine your generator status as defined in the Dangerous Waste Regulations, WAC-173-303. (Please see the enclosure for the definition of a Small Quantity Generator and requirements for participation in the Disposal of Toxics' Small Quantity Generator Hazardous Materials Program.) We ask that you complete this form so that we can assist you in your waste disposal needs. Program open to WHATCOM COUNTY businesses only.

SECTION 1.

COMPANY NAME: _____

TYPE OF BUSINESS: _____

Please designate one person in your company as a Primary Contact regarding your waste. This should be someone who is familiar with the waste and how it was generated.

NAME OF PRIMARY CONTACT: _____

Phone number _____

Fax number _____

NAME OF BILLING CONTACT: _____ **Email:** _____

MAILING ADDRESS:

Street _____

City _____ State _____ Zip _____

SITE ADDRESS (if different):

Street _____

City _____ State _____ Zip _____

SECTION 2.

Please list all potentially hazardous waste generated at this site, and the amount generated per month or batch, and the process by which they were generated, and attach Material Safety Data Sheets if requested: (This should include wastes that you dispose via other means, for example, solvent from a parts washer that is serviced by a hazardous waste contractor.)

Waste product(s)	Quantity generated per month/batch Specify gallons or pounds	Process/Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please attach an additional sheet, if necessary.)

OVER

SECTION 3.

Please list the type and quantity of waste you want to dispose of at this time with the Disposal of Toxics Program. (This should be the actual amount on hand; please attach MSDS(s) and test results if available.)

Waste product(s)	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

If you have questions or need clarification on any part of this form please contact one of our Environmental Specialists at (360) 380-4640.

I certify that the preceding information is correct and complete, and I have read and understand the requirements for participation in the Small Quantity Generator Hazardous Materials Program.

Signature _____ Print Name _____ Date signed _____