SPECIAL WASTE DISPOSAL PROGRAM

Lincoln-Lancaster County Health Department
Special Waste Program - 2nd Floor
3140 N Street
Lincoln, Nebraska 68510
402-441-8002
402-441-3890 (fax)
Email: spwaste@lincoln.ne.gov

GENERATOR #

MAILING ADDRESS:

☐ Check here if no longer in business, sign and return to LLCHD

CITY CODE REQUIRES THAT THIS FORM BE COMPLETED & RETURNED (LMC 8.32)

Part A. Facility Information

Please provide updated information for questions 1 through 8. If your business is a sole proprietorship you do not need to complete questions 3, 4, and 5. This information will not be provided to other parties except as required by law. The following definitions are provided to assist you in the completion of this form.

Definitions:

"Facility" is defined as a business operation located at a single address on a contiguous piece of property. Properties that are separated only by a street, alley or other public right of way are considered to be contiguous.

"Company" or "Parent Company" is the owner of the business operation at a given facility. A company may own or operate one or several facilities.

"Agent" is a third party that represents the business in all matters concerning waste disposal.

"CESQG or Conditionally Exempt Small Quantity Generator" is a business that generates less than 220 lbs of regulated hazardous waste per month. LLCHD periodically sponsors CESQG collections to assist small businesses to economically comply with hazardous waste disposal regulations. Call LLCHD at 441-8021 to find out more info.

"TSD or Transportation and Disposal Facility" is an EPA licensed facility that properly handles RCRA-regulated hazardous waste.

Part B. Special Waste Inventory

Please provide accurate and complete information for each of the 29 waste types described. Please note that the numbering system **DOES NOT** correspond to the waste types used for permits. Should you fail to provide the appropriate information, your inventory may be sent back to you or staff will contact you to request completion of the form. The last page of the inventory provides space to make comments or add additional information regarding your wastes and disposal procedures or other related information, as you see fit. You must sign and date the inventory before returning.

If you do not generate any of the wastes listed, please indicate 'NONE' in the space provided.

Note: This is not a permit application. Do not submit permit fees with this form. Staff will notify you if any Special Waste Disposal Permits are required.

Please contact the Special Waste staff at 441-8021 with questions concerning waste disposal, permits, or completing this form.

PART A. FACILITY INFORMATION

1. Complete the following facility information:

Facility Name: _____

Facility Address: _____

City, State and Zip: _____

Mailing Address: (If different from above) _____

City, State and Zip: _____

Facility Contact Person: _____ Title: _____

Telephone No: _____ Fax No: _____

E-mail Address _____

2. Describe the nature of your business _____

If the facility you entered above is the parent company and is the only facility operated by your company in Lincoln or Lancaster County, skip to Step 6.

3. Complete the following information concerning your parent company:

Company Name: _____

Company Address: _____

_____

City, State and Zip: _____

4. Does your parent company have any other facilities in Lincoln or Lancaster County? ☐ Yes ☐ No
If yes, list them in the space below or in the space provided on the back of this form:

Name	Address	City

5. Is your parent company known by any other name? ☐ Yes ☐ No
If yes, please list any other names:

_____

_____

6. Is this facility known by any other name? ☐ Yes ☐ No
If yes, please list any other names:

_____

_____

7. Does this facility have an alternate address where mail is received? ☐ Yes ☐ No

If yes, please list the other complete addresses:

_____

_____

_____

_____

8. Do you have a company agent? ☐ Yes ☐ No

If yes, please list your agent's complete address:

Name: _____

Address: _____

_____

City, State, Zip: _____

PART B. SPECIAL WASTE INVENTORY INFORMATION

1. Liquid and sludge waste products except paint waste.	Quantity: _____ gals. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Recycler ☐ Trash ☐ Floor drain/sink/toilet ☐ Treatment/disposal facility ☐ Land application Recycler/Hauler:_____ Description of Waste:_____
2. Petroleum contaminated cloth or paper shop rags or towels.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ Laundry ☐ TSD Incineration Recycler/Hauler:_____
3. Petroleum contaminated devices such as pigs, booms, wipes, etc.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ TDS Incineration Recycler/Hauler:_____

4. Filters used to filter fuels, oils, transmission or hydraulic fluids.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ Incineration Recycler/Hauler:_____
5. Soil contaminated with fuels, grease, lubricants, brake or hydraulic fluids or other petroleum products.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Land Farm Recycler/Hauler:_____
6. Petroleum contaminated clay absorbent or similar absorbent materials.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash Recycler/Hauler:_____
7. Rags, filters, applicator tubes or absorbents contaminated with degreasers, solvents, strippers, thinners, stains, finishing materials, sealants, coatings, catalysts or adhesives. **Please submit MSDS for each product**.	Product Type: ☐ Water-Based ☐ VOC-Based ☐ Chlorinated Solvent Quantity:_____ lbs per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ TSD Incineration ☐ CESQG Collection Recycler/Hauler:_____
8. Paint contaminated refuse or filters from painting operations.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash Recycler/Hauler:_____
9. Pesticide wastes. Do not include empty containers, see #19.	Product Composition: ☐ Solid ☐ Liquid Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ Returned to Manufacturer ☐ CESQG Collection Recycler/Hauler:_____ Description of Waste:_____
10. Chemicals labeled **"WARNING" and/or "DANGER"** Do not include empty containers, see #19.	Product Composition: ☐ Solid ☐ Liquid Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ Returned to Manufacturer ☐ CESQG Collection Recycler/Hauler:_____ Description of Waste:_____

11. Pharmaceutical wastes.	Product Composition: ❑ Solid ❑ Liquid Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Recycler ❑ Returned to Manufacturer ❑ TDS Incineration Recycler/Hauler:_____ Description of Waste:_____
12. Laboratory chemical wastes.	Product Composition: ❑ Solid ❑ Liquid Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Recycler ❑ CESQG Collection ❑ Returned to Manufacturer ❑ TDS Incineration Recycler/Hauler:_____ Description of Waste:_____
13. Fly ash or bottom ash.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Recycler Source of Ash: _____ Recycler/Hauler:_____
14. Fluorescent bulbs. ❑ Check here if all bulbs are "green tipped", "green printing on the bulb", or otherwise noted as reduced Mercury.	Quantity:_____ lbs per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Recycler ❑ Returned to Manufacturer ❑ CESQG Collection Recycler/Hauler:_____
15. NiCad or lithium batteries	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Recycler ❑ Returned to Manufacturer Recycler/Hauler:_____
16. Lead acid batteries. Do NOT include empty containers, see #19.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Recycler ❑ Returned to Manufacturer Recycler/Hauler:_____ Description of Waste:_____

17. Thermometers, thermostats, switches, or other items containing mercury,	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ Returned to Manufacturer ☐ CESQG Collection Recycler/Hauler:_____
18. Materials other than those listed in items 15 through 18 above that contain any of the following metals: lead, mercury, arsenic, cadmium, chromium, selenium, barium or silver.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ Returned to Manufacturer ☐ CESQG Collection Description of Waste:_____ Recycler/Hauler:_____
19. Empty containers that once contained toxic or hazardous materials.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler ☐ Returned to Manufacturer Type(s) of Container(s):_____ Recycler/Hauler:_____
20. Medical or veterinary wastes.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash Recycler/Hauler:_____
21. Fluorescent light ballasts, transformers, oil filled capacitors or other items that potentially contain PCB's.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ CESQG Collection Recycler/Hauler:_____
22. Friable and non-friable asbestos materials such as brake linings, gaskets, heat shields, insulating material, or sound deadening materials.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash Recycling/Hauler:_____
23. Fine dust or powder wastes.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash ☐ Recycler Description of Waste:_____ Recycler/Hauler:_____
24. Railroad ties, posts, poles, and other treated wood waste, <u>including CCA treated wood</u>.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ☐ Week ☐ Month ☐ Year Disposal Location: ☐ Landfill ☐ Treatment/disposal facility ☐ Trash Recycling/Hauler:_____

25. Oils, lubricants, hydraulic fluids, fuels or machining fluids ❑ Check here if waste is burned onsite for heat.	Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Recycler ❑ TSD Incineration ❑ CESQG Collection Description of Waste:_____ Recycler/Hauler:_____
26. Degreasers, solvents, strippers, thinners, stains, finishing materials, sealants, coatings, catalysts or adhesives. **Please submit MSDS for each product.**	Product Type: ❑ Water-Based ❑ VOC-Based ❑ Chlorinated Solvent Quantity:_____ lbs per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Recycler ❑ TSD Incineration ❑ CESQG Collection Recycler/Hauler:_____
27. Other process chemical wastes not otherwise described in this inventory list.	Product Composition: ❑ Solid ❑ Liquid Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Return to Manuf. ❑ Recycler ❑ TSD Incineration ❑ CESQG Collection Description of Waste:_____ Recycler/Hauler:_____
28. Liquid Waste Paint.	Product Type: ❑ Water-based (Latex) ❑ Solvent-Based Disposal Quantity: _____ Gals. per load Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Trash ❑ Recycler ❑ CESQG Collection Recycler/Hauler:_____
29. Other RCRA defined hazardous waste not already identified.	Product Composition: ❑ Solid ❑ Liquid ❑ Aerosol ❑ Sludge Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per ❑ Week ❑ Month ❑ Year Disposal Location: ❑ Landfill ❑ Treatment/disposal facility ❑ Recycler ❑ Trash ❑ TDS Incineration ❑ CESQG Collection Recycler/Hauler:_____ Description of Waste:_____

I certify that I have carefully reviewed all of my waste streams and my waste disposal methods for all of the materials listed above. The information I have provided on this Special Waste Inventory is true and accurate to the best of my knowledge.

_____ _____

Printed Name of Responsible Individual — Printed Title of Responsible Individual

_____ _____

Signature of Responsible Individual — Date

Additional Information: