



SPECIAL WASTE DISPOSAL PROGRAM

Lincoln-Lancaster County Health Department

Special Waste Program - 2nd Floor

3131 O 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

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

<p>4. Filters used to filter fuels, oils, transmission or hydraulic fluids.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Recycler <input type="checkbox"/> Incineration Recycler/Hauler: _____</p>
<p>5. Soil contaminated with fuels, grease, lubricants, brake or hydraulic fluids or other petroleum products.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Land Farm Recycler/Hauler: _____</p>
<p>6. Petroleum contaminated clay absorbent or similar absorbent materials.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash Recycler/Hauler: _____</p>
<p>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.</p>	<p>Product Type: <input type="checkbox"/> Water-Based <input type="checkbox"/> VOC-Based <input type="checkbox"/> Chlorinated Solvent Quantity: _____ lbs per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Recycler <input type="checkbox"/> TSD Incineration <input type="checkbox"/> CESQG Collection Recycler/Hauler: _____</p>
<p>8. Paint contaminated refuse or filters from painting operations.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash Recycler/Hauler: _____</p>
<p>9. Pesticide wastes. Do not include empty containers, see #19.</p>	<p>Product Composition: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Recycler <input type="checkbox"/> Returned to Manufacturer <input type="checkbox"/> CESQG Collection Recycler/Hauler: _____ Description of Waste: _____</p>
<p>10. Chemicals labeled “WARNING” and/or “DANGER” Do not include empty containers, see #19.</p>	<p>Product Composition: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Recycler <input type="checkbox"/> Returned to Manufacturer <input type="checkbox"/> CESQG Collection Recycler/Hauler: _____ Description of Waste: _____</p>

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

<p>17. Thermometers, thermostats, switches, or other items containing mercury,</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Recycler <input type="checkbox"/> Returned to Manufacturer <input type="checkbox"/> CESQG Collection Recycler/Hauler: _____</p>
<p>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.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Recycler <input type="checkbox"/> Returned to Manufacturer <input type="checkbox"/> CESQG Collection Description of Waste: _____ Recycler/Hauler: _____</p>
<p>19. Empty containers that once contained toxic or hazardous materials.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Recycler <input type="checkbox"/> Returned to Manufacturer Type(s) of Container(s): _____ Recycler/Hauler: _____</p>
<p>20. Medical or veterinary wastes.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash Recycler/Hauler: _____</p>
<p>21. Fluorescent light ballasts, transformers, oil filled capacitors or other items that potentially contain PCB's.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> CESQG Collection Recycler/Hauler: _____</p>
<p>22. Friable and non-friable asbestos materials such as brake linings, gaskets, heat shields, insulating material, or sound deadening materials.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash Recycling/Hauler: _____</p>
<p>23. Fine dust or powder wastes.</p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash <input type="checkbox"/> Recycler Description of Waste: _____ Recycler/Hauler: _____</p>
<p>24. Railroad ties, posts, poles, and other treated wood waste, <u>including CCA treated wood.</u></p>	<p>Disposal Quantity: _____ lbs. per load Frequency of Disposal: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Disposal Location: <input type="checkbox"/> Landfill <input type="checkbox"/> Treatment/disposal facility <input type="checkbox"/> Trash Recycling/Hauler: _____</p>

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

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:

