

Date of Event: _____
Appointment Time: _____

Conditionally Exempt Small Quantity Generator Waste Inventory List and Certification Statement

SECTION 1. CONTACT INFORMATION

COMPANY NAME: _____ TYPE OF BUSINESS: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

CONTACT PERSON: _____ PHONE #: (_____) _____

FAX # (_____) _____

SECTION 2. CERTIFICATION

Amount of hazardous waste generated
pounds or kilograms per month: _____ LBS OR _____ KG

Type of hazardous
waste generated: _____

I certify that the following information is correct. I further certify that this business is a Conditionally Exempt Small Quantity Generator as defined by Federal regulations 40 CFR261.5, and this business generates less than 100 kilograms (220 pounds) of hazardous waste per month or less than 1 kilogram (2.2 pounds) of extremely hazardous waste per month. I have read and understand the conditions on this form and the conditions set forth by the local municipality's Small Business Waste Disposal Program.

SIGNATURE _____ DATE _____

PRINT NAME _____

SECTION 3. INVENTORY (use continuation page if necessary)

Chemical Name/Description of Waste	Volume of Waste (lbs or gals)	# of Containers	Container Size	Completed by Haz Waste Contractor	
				Unit Cost (\$)	Sub Total (\$)
TOTAL COST					

SECTION 4. RECEIPT

TOTAL COST: _____ CHECK # _____ CASH: _____

TOTAL PAID: _____ CREDIT CARD: _____

BALANCE DUE: _____

RECEIVED BY: _____ DATE _____

SIGNATURE

PRINT NAME _____

IMPORTANT: KEEP THIS FORM FOR A MINIMUM OF THREE YEARS AS A RECORD OF HAZARDOUS WASTE MANAGEMENT

Return completed forms to spwaste@lincoln.ne.gov by the Friday prior to the collection date of your choice. Our contractor will contact you the week of the collection to schedule an appointment time to bring in your waste.

