Chester County Wastewater Recovery

Hazardous Waste Notification

Company Name _____

Address _____

City _____ **State:** _____ **Zip Code:** _____

Contact Person _____ **Title:** _____

Phone: _____

Name of Publicly Owned Treatment Works: _____

NPDES Permit #: _____

Address _____

City _____ **State:** _____ **Zip Code:** _____

HAZARDOUS WASTE INFORMATION

Name of Waste: _____

EPA Hazardous Waste Number: _____

Type of Discharge: ☐ Continuous ☐ Batch ☐ Other

IF MORE THAN 100 KILOGRAMS OF ANY HAZARDOUS WASTE, PER CALENDAR MONTH, IS DISCHARGED TO THE SEWER, PLEASE INCLUDE THE FOLLOWING ITEMS OF INFORMATION FOR EACH HAZARDOUS WASTE, TO THE EXTENT SUCH INFORMATION IS KNOWN AND READILY AVAILABLE.

HAZARDOUS CONSTITUENT INFORMATION

Name of Constituent	Mass in Wastestream (this month)	Concentration in Wastestream (this month)	Mass in Wastestream (next 12 months)

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

_____ _____

Signature of Company Representative Date