

Vermont Generator On-site Hazardous Waste Treatment Notification Form

Please return completed form to: <p align="center">VT DEC Waste Management Division 1 National Life Drive, Davis 1 Montpelier, VT 05620-3704 (802) 241-3888</p>	Shaded box for VT DEC Office Use Only Date In: Received By:
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Complete One Notification Form For Each Type Of Treatment Process

FACILITY NAME:	PHYSICAL ADDRESS:	
CONTACT NAME & NUMBER:	MAILING ADDRESS	
LEGAL OWNER NAME:	<p align="center">EPA ID #</p> <p align="center">VT _____</p>	
NAICS CODES:	<p align="center">GENERATOR STATUS</p> <p align="center"><input type="checkbox"/>CEG <input type="checkbox"/>SGQ <input type="checkbox"/>LQG</p>	VOLUME OF WASTE TREATED MONTHLY : _____ <p align="center"><input type="checkbox"/> Pounds <input type="checkbox"/> Gallons</p>
DESCRIBE TANKS (number, volume, tank material):	DESCRIBE CONTAINERS (number, volume, container material)	DESCRIBE TREATMENT AREAS:

DESCRIBE HOW HAZARDOUS WASTE IS GENERATED AND IDENTIFY CONTITUENTS:

TREATMENT PROCESS DESCRIPTION (include specific product names and equipment model information, process design drawings, plans, process flow diagrams):

IDENTIFY TREATMENT PRODUCTS AND BY-PRODUCTS:

DESCRIBE HOW TREATMENT PRODUCTS AND BY-PRODUCTS WILL BE MANAGED AFTER TREATMENT:

SIGNATURE OF OWNER/OPERATOR

DATE

I CERTIFY THE ABOVE INFORMATION IS ACCURATE AND CORRECT