

Vermont Generator On-site Hazardous Waste Treatment Notification Form

Please return completed form to: <div style="text-align: center;"> Hazardous Waste Program Waste Management and Prevention Division Department of Environmental Conservation 1 National Life Drive, Davis 1 Montpelier, VT 05620-3704 (802) 828-1138 </div>		Shaded box for VT DEC Office Use Only Date In: Received By:
Complete One Notification Form For Each Type Of Treatment Process		
FACILITY NAME:	PHYSICAL ADDRESS:	
CONTACT NAME & NUMBER:	MAILING ADDRESS	
LEGAL OWNER NAME:	EPA ID # VT _____	
NAICS CODES:	GENERATOR STATUS <input type="checkbox"/> VSQG <input type="checkbox"/> SGQ <input type="checkbox"/> LQG	VOLUME OF WASTE TREATED MONTHLY : _____ <input type="checkbox"/> Pounds <input type="checkbox"/> Gallons
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