

Vermont Generator On-site Hazardous Waste Treatment Notification Form

Please return completed form to: <div style="text-align: center;"> Agency of Natural Resources DEC Waste Management & Prevention Division 1 National Life Drive, Davis 1 Montpelier, VT 05620-3704 (802) 828-1138 </div>	Shaded box for VT DEC Office Use Only Date received: Reviewed/approved by: Date entered in database: Notes:
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 : _____ <div style="text-align: center;"> <input type="checkbox"/> Pounds <input type="checkbox"/> Gallons </div>
--------------	---	---

DESCRIBE TANKS (number, volume, tank material):	DESCRIBE CONTAINERS (number, volume, container material)	DESCRIBE TREATMENT AREAS:
---	--	---------------------------

DESCRIBE HOW HAZARDOUS WASTE IS GENERATED AND IDENTIFY CONSTITUENTS:

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