

NAME OF FACILITY: \_\_\_\_\_

Business Address: \_\_\_\_\_

Discharge Address (if different from above):

\_\_\_\_\_

## ORGANIC SOLVENT WORKSHEET

Chemical Name of Toxic Organic: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Name of Supplier of Chemical: \_\_\_\_\_

Process Utilizing This Chemical: \_\_\_\_\_

Total Volume used during the past six (6) months: \_\_\_\_\_ gallons

Method of Disposal:

- Evaporation
- Collection and off-site disposal  
(Enclose a copy of the most recent Hazardous Waste Manifest)

Total Volume removed during the past six (6) months: \_\_\_\_\_ gallons

- Other Disposal Methods (Describe):

\_\_\_\_\_

\_\_\_\_\_

Prepared By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title