



- COMPLETE THIS SECTION FOR EACH TYPE OF WASTE **NOT** DISCHARGED TO THE SANITARY OR STORM SEWERS
- **USE A SEPARATE FORM FOR EACH TYPE OF WASTE** (e.g. spent silver bearing solutions, mercury wastes, solvents, medical wastes, etc.)
- Do not include wastes sent to sanitary landfill such as trash and garbage

H. NON-DISCHARGED WASTESTREAMS

Identify the waste (e.g. spent chemical, treatment sludge, medical waste, etc.) and the process that generates the waste

Physical state of the waste (liquid, sludge, slurry, etc.)

Brief characterization of waste, list hazardous ingredients

Rate of waste generation in terms of quantity per day, week, month, or quarter: _____

ON-SITE STORAGE

Method of Storage: _____

Typical Volume Stored: _____ Typical Length of time in Storage: _____

Is storage site secondarily contained? YES NO

Are there provisions for surface drainage collection? YES NO

If you answered "yes" to either question above, please describe provisions for secondary containment and/or surface drainage collection.

TRANSPORTATION

Name of Waste Hauler: _____ EPA No.: _____

Address: _____
Street City State Zip Phone

DISPOSAL

Name of Waste Hauler: _____ EPA No.: _____

Address: _____
Street City State Zip Phone

Method of Disposal (e.g. recycled, land disposal, incineration, etc.):