LOUDOUN COUNTY DEPARTMENT OF GENERAL SERVICES WASTE MANAGEMENT DIVISION HAZARDOUS WASTE PROGRAM REGISTRATION FORM

Company Name:			
Location Address:			
Mailing Address: (If different than			
Location Address)			
Contact Name:			
Phone:			
Fax:			
E-mail:			
Payment Method:	Check*	Credit Card**	
*Mal Clean Harbor	ke checks payable to: s Environmental Services, Inc.	**Request credit card form & bring it to the event. This information is only provided to Clean Harbors	3 .

Please describe, in as much detail as possible, the types and quantities of hazardous material you would like to bring to the *Business Hazardous Waste Program*: (Attach additional sheets if necessary)

	Material Type	Quantity	Container	Is the container MS				MSDS
	• •		Size	Rusted?	Damaged?	Have a cap?	Other?	sheet?
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

Email this form back to the Loudoun County Department of General Services, Waste Management Division, to Tony.Hayes@loudoun.gov.

Manager

*MSDS = Material Safety Data Sheet

Business Hazardous Waste Program Registration Form – Page 2



LOUDOUN COUNTY DEPARTMENT OF GENERAL SERVICES WASTE MANAGEMENT DIVISION VERY SMALL QUANTITY GENERATOR CONFIRMATION

Company Name:							
Address:							
Contact Name(s):							
Telephone Number:							
the following condition	pest of my knowledge, the above-mentioned company ons of a "Very Small Quantity Generator" per <u>40 CFR</u> reference into the Virginia Hazardous Waste Manag 20-60-10 et seq.	<u>Part</u>					
	0 kilograms (220 pounds) of hazardous waste are genath; [40 CFR 261.5(a)]	nerated per					
	2. Less than 1 kilogram (2.2 pounds) of <i>acutely</i> hazardous waste are generated per calendar month; [40 CFR 261.5(f)(3)], and						
	n 1,000 kilograms (2,220 pounds or roughly five 55-gaste are accumulated on-site at any time [40 CFR 26	,					
Signature of Authori	zed Representative	Date					
Printed Name of Aut	thorized Representative	Title					