

# BUSINESS DISPOSAL PILOT FORM



Local Hazardous Waste  
Management Program  
in King County, Washington

**All information on this form is required for participation.**

Please Print legibly and firmly – You are making multiple copies.

Date \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Location (no P.O. box please) City Zip

Type of Business: \_\_\_\_\_ Vehicle License # \_\_\_\_\_  
 ( ex: auto repair; nail salon; small appliance repair)

**NOTICE:** This pilot program is for King County businesses only that generate less than 220 lbs (or 27 gal) of hazardous waste monthly and less than 2.2 lbs. (1 qt) of certain Extremely Hazardous Wastes, and are Conditionally Exempt Small Quantity Generators under Washington State Department of Ecology Dangerous Waste Regulations (WAC 173-303).

For details visit [www.govlink.org/hazwaste/business](http://www.govlink.org/hazwaste/business) or call our Business Waste Line at 206-263-8899.

I certify, to the best of my knowledge, all of the information I entered on this form is correct and our business **agrees to complete a follow-up survey.**

Name of Driver: \_\_\_\_\_ Signature of Driver \_\_\_\_\_  
(print)

Office Phone Number: \_\_\_\_\_ Owner/Manager Name: \_\_\_\_\_  
(print)

E-Mail Address: \_\_\_\_\_

**Businesses should retain a copy of this receipt for a minimum of 5 years as proof of disposal.**

Waste Type	How much? How many?	Volume Designation (check one for each waste type)
<b>Example:Waste Oil</b>	<b>3</b>	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> quarts <input type="checkbox"/> pints
Waste oil		<input type="checkbox"/> gallons <input type="checkbox"/> quarts <input type="checkbox"/> pints
Gasoline		<input type="checkbox"/> gallons <input type="checkbox"/> quarts <input type="checkbox"/> pints
Oil-based paint		<input type="checkbox"/> gallons <input type="checkbox"/> quarts <input type="checkbox"/> pints
Used paint thinner		<input type="checkbox"/> gallons <input type="checkbox"/> quarts <input type="checkbox"/> pints
Solvents		<input type="checkbox"/> gallons <input type="checkbox"/> quarts <input type="checkbox"/> pints
Pesticides/ Herbicides		<input type="checkbox"/> gallons <input type="checkbox"/> quarts <input type="checkbox"/> pints <input type="checkbox"/> pounds
Batteries (auto) Limit 5		items
Batteries (other than auto)		pounds
<b>Write in other wastes</b>		<b>Write in container/item size for each waste</b>

Transport your waste in compliance with Department of Transportation regulations 49 CFR (www.dot.gov)

Collection sites reserve the right to refuse part or all of any waste load brought in for disposal.

**Staff Only:** Waste Received by: \_\_\_\_\_ Facility: SS - FS - WMB - NS  
LHWMP Site Representative Circle one WMB City

Service Time: 5 10 15 30 Minutes Service Date: \_\_\_\_\_  
(circle approx. time)

Original: King County LHWMP Copy: Customer