

# BUSINESS DISPOSAL 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.

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

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

Type of Business: \_\_\_\_\_  
 (ex. auto repair, nail salon, small appliance repair)

Office Phone Number: \_\_\_\_\_ Owner/Mgr. Name: \_\_\_\_\_

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

**NOTICE:** This 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.lhwmp.org/home/BHW/sqg.aspx](http://www.lhwmp.org/home/BHW/sqg.aspx) 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.**

Name of Driver: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Signature of Driver \_\_\_\_\_ Date \_\_\_\_\_

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

Waste Type	How much?	Quantity/Amount (units) (check one for each waste type)	Office use only		
			code	quant.	units
<b>Example:Waste Oil</b>	<b>3</b>	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> quarts			
Aerosols		items			
Batteries (auto) Limit 5		items			
Batteries (other than auto)		pounds			
Liquid Pesticides		<input type="checkbox"/> gallons <input type="checkbox"/> quarts			
Oil-based paint		<input type="checkbox"/> gallons <input type="checkbox"/> quarts			
Solid Pesticides		<input type="checkbox"/> pounds			
Used paint thinner/solvent/gasoline		<input type="checkbox"/> gallons <input type="checkbox"/> quarts			
Waste oil		<input type="checkbox"/> gallons <input type="checkbox"/> quarts			
<b>Write in other wastes</b>		<b>Write in container/item size for each waste</b>			

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

Total Weight: \_\_\_\_\_ Service Date: \_\_\_\_\_

Original: King County LHWMP Copy: Customer