

INSTRUCTIONS FOR COMPLETING BUSINESS DISPOSAL PILOT FORM

You will need to bring two (2) completed copies of the disposal form to the disposal site. *We can not make copies at the facilities.*

Please *complete* the form carefully, including the inventory. This information is important and will help to guide future plans for SQG disposal.

The form can be filled out on line and the two copies printed.

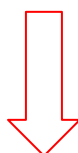
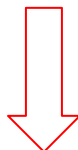
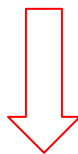
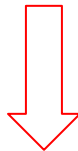
Saving the completed form on your computer (under **File – Save as**) allows you to edit your information. This also allows you to retain an electronic record.

Saving a blank form as a file on your computer (under **File – Save as**) allows you to complete it later and/or re-use the form.

Closing the form without saving it to your computer will delete any information you added. Another alternative is to print two blank forms to fill out by hand. (Print legibly)

You will need to bring two (2) completed copies of the form to the disposal site. Site staff will verify waste acceptance on each copy.

SEE A COMPLETED EXAMPLE BELOW



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 2/23/09

Company Name: ABC Downgear, Inc.

Address: 1234 Roadhill Ave SE Auburn 98002
Street Location (no P.O. box please) City Zip

Type of Business: Bicycle Repair Vehicle License # 765 FLY
(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 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: Rod Smith Signature of Driver _____
(print)

Office Phone Number: 253-555-8910 Owner/Manager Name: Bob Jones
(print)

E-Mail Address: ABCD@network5.com

Original: King County LHWMP Copy: Customer

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)
Example:Waste Oil	3	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> quarts <input type="checkbox"/> pints
Waste oil	5	<input checked="" 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	2.5	<input checked="" 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	1	<input checked="" 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	1	items
Batteries (other than auto)	16	pounds
Write in other wastes		Write in container/item size for each waste
Concrete Sealer	2	gallons
Adhesives	1	quart
Battery Acid	2	gallons

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)