

**APPENDIX D
HAZARDOUS WASTE NOTIFICATION**

This form may be used in fulfilling the reporting requirements of 40 CFR 403.12(p).

Date: _____

Permit No.: _____

1. Company Name: _____

2. Address of Facility: _____

3. Phone Number: _____

4. Facility's Authorized Representative: _____

HAZARDOUS WASTE INFORMATION

Name of Waste: _____

EPA Hazardous Waste Number: _____

Process Generating the Waste: _____

Type of Discharge: Batch Continuous Other: _____
 No discharge to Sanitary Sewer

Frequency of Discharge: _____

If more than 100 kilograms of any hazardous waste per calendar month is discharged to the sewer, include the following items of information for each hazardous waste.

Hazardous Constituent Information:

| Name of Constituent | Mass in Wastestream | Concentration in Wastestream | Mass expected in next 12 months |
|---------------------|---------------------|------------------------------|---------------------------------|
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I hereby certify that the facility, for which this notification has been made, had a program in place to reduce the volume and toxicity of the wastes generated (and described in this notification) to the fullest extent possible.

Authorized Representative

*Use additional paper when necessary