

Municipal Hazardous Waste

Clean Harbors Environmental Services, Inc.

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761 Middle Street

Bristol, CT 06010

Attn: Brooke Rabe rabe.brooke@cleanharbors.com

Phone: 863.271.0322

Attn: Nick Reed Reed.nicholas@cleanharbors.com

Phone: (860) 583-8917 ext. 328, Fax: (860) 583-6612

Municipal Hazardous Waste

Conditionally Exempt Small Quantity Generator

Material Description and Certification Form

Company/Municipality: _____

Contact: _____

(Print)

Address: _____

Phone: (____) _____ Fax (____) _____

EPA ID Number (if applicable): _____ Purchase Order Number: _____

The collection center is serviced by Clean Harbors Environmental Services. This facility is open on Saturday mornings only; CESQG appointments will be scheduled from 7:00 am until 8:30 am. The member communities are: Bethany, Branford, Cheshire, East Haven, Fairfield, Guilford, Hamden, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Orange, Wallingford, West Haven, and Woodbridge.

NOTE: Delivery of municipal waste requires an appointment and will only be accepted at the appointed date and time which will be on Saturday mornings only. Refer to the Disposal Information Sheet for Municipal and Commercial Hazardous Waste for complete instructions for delivery

List below the hazardous waste that you would like to bring to the hazardous waste collection center located at the Regional Water Authority on 90 Sargent Drive, New Haven, Connecticut.

Description of Waste

Material	Quantity	Container Size	Hazard Class (If Known)

(If additional lines are needed, please attach separate sheet.)

Certification

I certify that during any of the previous three (3) months that: I have not generated more than two hundred twenty (220) pounds total of hazardous waste; I am not currently storing more than two thousand two hundred and twenty (2220) pounds of hazardous waste; and that I meet the definition of a Conditionally Exempt Small Quantity Generator (CESQG) as defined in Regional Water Authority's Permit to Operate 09301251-PCO.

Signature: _____

Print Name: _____

Municipality: _____

Position: _____

Date: _____

INVOICE TO BE SENT TO:

Email or fax this form to Clean Harbors. The Fax number is (860) 583-6612. Should you have any questions you may call (860) 583-8917 ext.328. Clean Harbors will make a determination regarding the acceptable waste. This form will be returned to you via fax. The form will include the appointment time and the disposal fee. Your municipality will be invoiced for the disposal fee. This form must be given to the Clean Harbors Representative when the waste is being delivered to the New Haven facility.

NOTE: Completed forms, with Customer Signature, accepting price and appointment **MUST** be faxed to Clean Harbors to confirm delivery.

Do Not Write Below This Line

Charge for Waste: \$ _____

Site Visit Fee – if applicable: \$ _____

Appointment Date & Time: _____

HazWaste Central Contact Information:

Lori Vitagliano
Regional Water Authority
90 Sargent Drive
New Haven, CT. 06511
lvitagliano@rwater.com
203-401-2712