



## Sewered Waste Notification Form

Required for Commercial & Industrial Building

\*New Building \* Remodel \* Process change resulting in increase of sewered waste.

### A. General Information

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

County: \_\_\_\_\_

Location Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

### B. Sewered Water Inventory

List all wastes sewered on site. ( Attached additional sheets if needed.)

Waste Stream Number	EPA Waste Code unless N/A	Waste Name or Description	Volume per month	Dilution Ratio of Waste/Water (if diluted)	Type of Treatment (if treated)	Type of Discharge ** B = Batch Discharge C = Continuous O = Other
1						
2						
3						
4						
5						

\*\* Supply SDS sheets for all sewered water.



### C. Waste Stream Constituents

A business that sewers more than 22 gallons per month of hazardous waste must also provide the following information about the waste **before it is diluted**. For each waste stream identified in Part B, list the hazardous constituents contained in the waste. **NOTE:** There may be more than one constituent per waste stream. Use existing test data. ( Attach additional sheets if needed.)

Waste Stream Number	Hazardous Constituents in Waste Stream	Concntration of Hazardous Constituents (most recent month)	Mass/Month of Hazardous Constituent (most recent month)	Estimated Mass/Year of Hazardous Constituent	Type of Test Data (Total Metals, TCLP, etc.)
1					
2					
3					
4					
5					

### D. General Certification

I certify, under the penalty of law, I have personally examined and am familiar with the information submitted in this and all attached documents and that, based on inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Generator: Make one copy for your files and forward the original to The Building Official at [buildingofficial@cityofisanti.us](mailto:buildingofficial@cityofisanti.us)*