Santa Maria Regional Landfill
BUSINESS HAZARDOUS WASTE DISPOSAL FORM

Business Name: _______________________________ Contact: _______________________

Site Address: _______________________________ Phone No.: (              ) ____________

City: ___________________ Zip Code: __________ Fax No: (              ) ____________

Email:__________________ CSM Business Lic #: _______ Landfill Chrg Acct #: __________


How do you want to communicate? ___Email ___Fax ___Phone, during what hours? __________
How do you want to receive paperwork? ___Email ___Fax ___Regular Mail ___ Will pick up

The items you list below and their weights are for estimating disposal costs and to be used as a shipping inventory for the City to determine if your materials are acceptable. Materials, including their storage containers, will be weighed for an actual true weight at the City hazardous waste facility. The total monthly weight for a business cannot exceed 27 gallons or 220 pounds for hazardous wastes and 1 quart or 2.2 pounds for acutely hazardous wastes. Weights that exceed the legal quantity per month will not be accepted. Questions? Call 805-925-0951, x7270.

<table>
<thead>
<tr>
<th>Type of Hazardous Waste</th>
<th>Estimated Quantity (Pounds or Gallons)</th>
<th>Completed by CSM Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Poison</td>
<td>(Example) 3 gallons</td>
<td></td>
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If more space needed, attach another sheet and list as specified on this form. The actual total disposal cost is determined after weighing your hazardous waste materials on a City scale. After materials are weighed, the City will invoice your business. A Landfill Credit Account Application must be filled out and approved by the City prior to delivering your hazardous waste materials. All deliveries are by scheduled appointment only.
Business Name: ____________________ Contact: _______________ Phone: ___________

I certify that the following statements are true:

1. The business that I am representing is a Conditionally Exempt Small Quantity Generator (CESQG) who generates no more than 27 gallons or 220 pounds of hazardous waste and 1 quart or 2.2 pounds of acutely hazardous chemicals in a calendar month and will not self-transport more than this quantity.

2. The business that I am representing will be responsible for any charges for the disposal of this material.

3. The business that I am representing is in compliance with all applicable hazardous waste rules and regulations.

X
Signature
Print Name
Date

According to the regulations, you may self-transport your inventoried waste to the Santa Maria Regional Landfill Hazardous Waste Facility on Wednesday, (Date) ___________________________.

Time: (Please be on time. If late, you may be asked to reschedule.)

_____CESQG #1 – 8:15 a.m.      _____CESQG #5 – 9:15 a.m.
_____CESQG #2 – 8:30 a.m.      _____CESQG #6 – 9:30 a.m.
_____CESQG #3 – 8:45 a.m.      _____CESQG #7 – 9:45 a.m.
_____CESQG #4 – 9:00 a.m.      Special Scheduling or Questions? Call 805-925-0951, x7270

Please bring this form with you on your scheduled day. After actual materials are weighed on a City scale, you will be invoiced. Return check fee of $25.00 applies.

_____ Not Approved for the following reason(s):______________________________________

______________________________________________________________________________

______________________________________________________________________________

Questions? Call 805-925-0951, x7270

(For City Staff use only) Date Received _______________ by ____________________________
Revised: 10-16-12

(Fill Out Other Side)