

Large Quantity Residential Household Hazardous Waste

Clean Harbors Environmental Services, Inc.

761 Middle Street

Bristol, CT 06010

Attn: Brooke Rabe

Email: rabe.brooke@cleanharbors.com

Phone: 863.271.0322

Fax: (860) 583-6612

Material Description and Certification Form

Contact: _____

(Print)

Address: _____

Phone: (____) _____ Fax (____) _____

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

NOTE: Delivery of large quantities of residential household waste requires an appointment (under certain circumstances) and will only be accepted at the appointed date and time which will be on Saturday mornings only.

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

Description of Waste

Material	Quantity	Container Size	Total Volume

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

Certification

I hereby certify that this waste was not generated by a business, institution or municipality.

Signature: _____

Print Name: _____

Date: _____

Mail or fax this form to Clean Harbors, 761 Middle Street, Bristol, CT 06010

The Fax number is (860) 583-6612. Should you have any questions you may call (800) 637-2666 ext.315.

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. **This form and a check made out to "Clean Harbors Inc." for this amount below must be given to the Clean Harbors Representative when the waste is 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

Cost of Disposal:	\$	_____
Administration Fee:	\$ 25.00	
Site Visit Fee – If applicable:	\$	_____
TOTAL CHARGE:	\$	_____
<i>A check for this amount made out to "Clean Harbors, Inc." must accompany delivery.</i>		
Appointment Date and Time:		_____

Customer Signature: _____

HazWaste Central Contact Information:

Paris Robberstad, HazWaste Coordinator

Regional Water Authority

90 Sargent Drive

New Haven, CT. 06511

proberstad@rwater.com

475-331-5153