



Small Business Conditionally Exempt Small Quantity Generator (CESQG) Description and Certification Form

Clean Harbors Environmental and Industrial

Services: 761 Middle Street

Bristol, CT 06010

Phone: (863) 271-0322

Fax: (860) 583-6612

Attn: Brooke Rabe

E-mail: rabe.brooke@cleanharbors.com

HazWaste Central is located at the Regional Water Authority, 90 Sargent Drive, New Haven, CT. The collection center is serviced by Clean Harbors: Environmental and Industrial Services. The HazWaste Central facility is open on Saturday mornings only; CESQG appointments are scheduled from 7:30 a.m. to 8:30 a.m.

NOTE: Delivery of CESQG waste requires an appointment and will only be accepted at the appointed date and time.

Business Name: _____

Address: _____

City: _____ **Zip:** _____ **State:** _____

Phone: (____) _____ **Fax:** (____) _____

Description of Disposal Waste

| Material | Quantity | Container Size | Hazard Class (If known) |
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(Attach a separate sheet for additional lines)



Description and Certification Form

A Conditionally Exempt Small Quantity Generator (CESQG) is any business, governmental entity, or non-profit that generates less than 100 kilograms (220 pounds) of hazardous waste in a calendar month and does not store more than 1000 kilograms (2200 pounds) of total hazardous waste on-site at any one time.

Please respond to the following questions:

- 1. During the past three (3) months, have you generated more than 220 pounds total of all hazardous waste?
Yes (___) No (___)
- 2. Are you currently storing more than 2220 pounds of hazardous waste at your facility?
Yes (___) No (___)
- 3. Do you meet the definition of a Conditionally Exempt Small Quantity Generator (CESQG) as defined above?
Yes (___) No (___)
- 4. EPA ID Number (if applicable): _____

Print Name: _____

Signature: _____

Business Title: _____

Date: _____

Internal use only:

Cost of Disposal: \$ _____

Administration Fee: \$ **25.00**

Site Visit Fee (If applicable): \$ _____

TOTAL CHARGE: \$ _____

**A check for this amount is to be made out to "Clean Harbors, Inc."*

Appointment Date and Time: _____

NOTE: Completed forms with customer signature and payment **MUST** be received at the time of disposal.

Please return this form and a check made out to "Clean Harbors Inc." for the "total charge" amount at the time of disposal.

HazWaste Central Contact Information:
 Paris Robberstad, proberstad@rwater.com
 Regional Water Authority
 90 Sargent Drive, New Haven, CT 06511
 475-331-5153