

## CLEAN WATER SERVICES SEWERED WASTE REPORTING FORM & INSTRUCTIONS

**Generator:** Complete this form as completely and as accurately as possible.

**A. General Information:** Please type or print.

**B. Sewered Waste Inventory:** Every business which discharges waste must complete this part.

- EPA Waste Code - 4 digit code describing the waste. If waste is non-hazardous, this does not apply; write N/A.
- Waste Name - Give a descriptive name for each waste you intend to discharge.
- Volume per Month - Give volume per month discharged in gallons.
- Dilution Ratio - If waste is diluted, give ratio of waste to water.
- Type of Treatment - If waste is treated before discharge, give type of treatment. (E.g. neutralization, reclamation, ion exchange.)
- Type of Discharge - Enter "C" for Continuous Discharge, "B" for Batch Discharges or "O" for other, if you discharge waste in any other way.

**C. Waste Stream Constituents:** Complete Part C only if you sewer more than 22 gallons per month of hazardous waste. Use existing test data if available.

- Waste Stream Number - identify the waste stream (1,2,3...) from Part B to which each constituent belongs.
- Hazardous Constituents(s) in Waste - name of the constituent(s) in the waste which make it hazardous. (Note: One stream may have more than one hazardous constituent.)
- Concentration of Hazardous Constituent – If available from existing test data, write the concentration of each constituent discharged in the most recent month.
- Mass per Month of Hazardous Constituent - Calculate, in pounds, the mass of each constituent that was discharged in the most recent month.
- Estimated Mass per Year of Hazardous Constituent - Estimate the mass of each constituent you expect to discharge in the next 12 months.
- Type of Test Data - Indicate the name of the test performed on waste. (TCLP = toxicity characteristic leaching procedure).

**D. Generator Certification:** Read, sign and date the form. Make a copy for your files. Send the original form to: Clean Water Services, Source Control Department, 2550 SW Hillsboro Hwy, Hillsboro, OR 97123. Alternately, the completed form may be faxed to 503/681-5138.

**Note:** Some chemicals which are diluted during use, may be discharged to a sanitary sewer in accordance with EPA Rule 40 CFR Pt. 403 and the Clean Water Act (CWA) provided that: 1.The waste is discharged to a permitted Wastewater Treatment Plant (WWTP), i.e. not discharged to a septic system (*discharging industrial waste to a septic system or storm sewer is prohibited under Oregon Law*); and 2.The waste discharge complies with all pretreatment standards contained in 40 CFR Chapter I, Subchapter N (general and categorical pretreatment standards) or developed pursuant to CFR 403. (*Questions regarding this point should be addressed to the Source Control Department of Clean Water Services at 503/681-4466*).

# CLEAN WATER SERVICES

## Sewered Waste Notification Form

### A. General Information

Company Name		
Location Address		
City, State, ZIP		
Contact Name	Telephone	

### B. Waste Inventory

List all wastes sewer on site. (Attach additional sheets if needed.)

Waste Stream Number	EPA Waste Code (unless N/A)	Waste Name or Description	Volume per Month	Dilution Ratio of Wastewater (if diluted)	Type of Treatment (if treated)	Type of Discharge (B, C or O)
1						
2						
3						
4						
5						

### 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 constituent(s) contained in the waste. NOTE: There may be more than one constituent per waste stream. Use existing test data if available. (Attach additional sheets if needed.)

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

## D. Generator Certification

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents and that, based on my 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.

<b>Name (print)</b>		<b>Title</b>	
<b>Signature</b>		<b>Date</b>	

**Generator:** Make one copy for your files and mail the original to:

**Clean Water Services, Source Control Division**  
**2550 SW Hillsboro Hwy**  
**Hillsboro, OR 97123.**

Send a copy to both the Department of Environmental Quality and the US Environmental Protection Agency at the following addresses:

Oregon DEQ

Manager  
Hazardous Waste Policy & Program Development  
Department of Environmental Quality  
811 SW 6th Avenue  
Portland, Oregon 97204-1390

USEPA Region 10

Director  
Office of Air, Waste & Toxics  
USEPA Region 10 AWT-127  
1200 6<sup>th</sup> Avenue  
Seattle WA. 98102