

INDUSTRIAL PRETREATMENT PROGRAM

HAZARDOUS WASTE STATEMENT

Regulations at 40 CFR part 403.12(p) and Resolution No. CWA 2-2011, Chapter 3, Section 3.13 require that Industrial Users ("IUs") report any substance discharged to the CWA Authority, Inc. ("Authority") sewer system which, if otherwise disposed of, would be considered a Resource Conservation and Recovery Act ("RCRA") hazardous waste as set forth at 40 CFR part 261. IUs are required periodically to complete the Hazardous Waste Statement to confirm their discharge status.

INSTRUCTIONS: Facilities that do not discharge wastewater that, if otherwise disposed, would be considered a hazardous waste should complete Part A of this Hazardous Waste Statement. All other facilities must complete Part B of this Hazardous Waste Statement.

Facility Name	Click or tap here to enter text.
Facility Address (Street)	Click or tap here to enter text.
Facility Address (City, State, ZIP)	Click or tap here to enter text.
Contact Name	Click or tap here to enter text.
Contact E-Mail Address	Click or tap here to enter text.
Contact Phone Number	Click or tap here to enter text.
RCRA Identification No. (If One is Issued to the Facility)	Click or tap here to enter text.

PART A: APPLICABLE TO FACILITIES THAT DO NOT DISCHARGE WASTEWATER THAT, IF OTHERWISE DISPOSED, WOULD BE CONSIDERED A HAZARDOUS WASTE

☐ The above-named facility does not discharge wastewater that, if otherwise disposed, would be considered a hazardous waste. Check the box to confirm this statement and have the Authorized Representative sign the certification statement below.

I certify under the penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly under my responsibility for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative

Signature:

Authorized Representative Name

(Printed):

Title

Click or tap here to enter text.

Click or tap here to enter text.

Date: Click or tap to enter a date.

PART B: FACILITIES THAT DISCHARGE WASTEWATER THAT, IF OTHERWISE DISPOSED, WOULD BE CONSIDERED A HAZARDOUS WASTE MUST COMPLETE THIS SECTION

- ☐ The above-named facility discharges wastewater that, if otherwise disposed, would be considered a hazardous waste. Check the box to confirm this statement, complete the table below and have the Authorized Representative sign the certification statement below.

Name of Hazardous Waste	EPA Hazardous Waste Number (P-, U-, K-, D-, F- Codes)	Type of Discharge (Continuous, Batch or Other)
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Note: If additional rows are needed, attach another page.

If the discharge is greater than 100 kilograms (20.5 pounds) per calendar month, this notification must include the following information to the extent known and readily available:

1. Identification of hazardous constituents in the waste(s);
2. Estimates of mass and concentration of constituents discharged during that calendar month; and,
3. Estimation of the mass of constituents in the waste stream expected to be discharged during the following 12 months.

Any changes to this Hazardous Waste Statement must be reported to CWA Authority, Inc. pursuant to 40 CFR 403.12(j).

If notification is made under 40 CFR 403.12(p), the Industrial User shall certify that it has a program in place to reduce volume and toxicity of hazardous waste generated to the degree it has determined to be economically practical as follows:

Pursuant to 40 CFR part 403.12(p)(4), I certify that Click or tap here to enter text. (Facility Name) has a program in place to reduce the volume and toxicity of hazardous waste generated to be economically achievable.

I certify under the penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly under my responsibility for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative

Signature: _____

Authorized Representative Name
(Printed): _____

Title _____

Click or tap
to enter a
date.

Date: _____

Click or tap here to enter text.

Click or tap here to enter text.