

HAZARDOUS WASTE NOTIFICATION
For Compliance with 40 CFR403.12(p)

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Title _____

Phone (____) _____

Name and Address of Publicly Owned Treatment Works:

Spartanburg Sanitary Sewer District
P.O. Box 251
Spartanburg, SC 29304

TYPE OF DISCHARGE:

____ Continuous ____ Batch ____ Other _____

____ No discharge of Hazardous Waste is Made to the POTW

Name of Waste as set forth in 40CFR261: _____

EPA Hazardous Waste Number: _____

IF MORE THAN 100 KILOGRAMS OF ANY HAZARDOUS WASTE PER CALENDAR MONTH IS DISCHARGED TO THE SEWER, PLEASE INCLUDE THE FOLLOWING ITEMS OF INFORMATION FOR EACH HAZARDOUS WASTE, TO THE EXTENT SUCH INFORMATION IS KNOWN, AND READILY AVAILABLE.

Hazardous Constituent Information:

Name of Constituent	Mass in Wastestream (this month)	Concentration In Wastestream (this month)	Mass in Wastestream (next 12 months)

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature of Company Representative

Date