

Hazardous Waste Notification for Compliance with 40 CFR 403.12(p)

Company Name:		
Physical Address:		
City:	State:	Zip Code:
Contact Name:	Phone:	Email:

Name and Address of Publicly Owned Treatment Works (POTW):

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

Discharge of more than fifteen (15) kilograms of non-acute, or any amount of acute, hazardous waste as specified in 40 CFR 261.30(d) and 261.33 (e) to the wastewater system in a calendar month requires a one-time notification to the POTW, facility, SCDHEC, and EPA.

Please mark the TYPE OF HAZARDOUS DISCHARGE:

Continuous Batch Other _____

No discharge of Hazardous Waste is made to the POTW

Name of Waste as set forth in 40CFR 261: _____

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