Hazardous Waste Notification

[As specified in 40 CFR 403.12(p)]

Company Name					
Address					
City			State	Zip Code	
Contact Person			Title	Title	
Name of Publicly Owned Treatment Works that receives your wastewater					
Address					
City					
Hazardous Waste Information			(use additional sheets if necessa	ary)	
Name of Waste:	Name of Waste:				
EPA Hazardous Wa	aste Number:				
Type of Discharge:					
ContinuousBatch Other					
	g items of information and readily a	ation for ea	vaste per calendar month is discha ach hazardous waste to the extent		
Name of Constituent	ame of Mass in Wastestream		Concentration in Wastestream (this month)	Mass in Wastestream (next 12 months)	
I certify under 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 responsible 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.					
Signature of Compa	ıny Representativ	<u>e</u>		Date	
			nts, to each of the following office		
130 Nickerson Street Suite 200 Departn Seattle, WA 98119-1658 Northwe 3190-16		Departme Northwes 3190-160	us Waste Compliance Unit ent of Ecology st Regional Office 0th Avenue SE s. WA 98008-5452	Regional Waste Management Division Director U.S. EPA Region X 1200 Sixth Avenue Seattle, WA 98101	