



**HAZARDOUS WASTE  
SMALL QUANTITY GENERATOR (SQG)  
SELF-CERTIFICATION AND  
DECLARATION OF COMPLIANCE FORM**

**A. GENERAL INFORMATION:**

1. Facility Name: \_\_\_\_\_ EPA ID #: NHD  
(Please Note That The EPA ID # IS Site-Specific)
2. **Mailing Address:** *(Physical Address of Facility is listed on cover page- please put Mailing Address here.)*  
Street or PO Box: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Name/Title of Individual Completing This Form: *(Should we have questions regarding this form)*  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_
4. Date(s) of Self-Certification Inspection(s) and File Review(s): \_\_\_\_\_
5. a. Property Owner Name: \_\_\_\_\_  
b. Mailing Address of Property Owner: \_\_\_\_\_ **-or-**  Same as #2 above  
Street or PO Box: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**B. APPLICABILITY - Check all of the following that apply to your facility:**

1.  **Used Oil for Recycle and/or Universal Waste for Recycle:** If used oil for recycle and/or universal waste (i.e. batteries, antifreeze, computer monitors, television monitors, fluorescent lamps, or mercury containing devices) for recycle, are the **only hazardous wastes** generated by your facility, and are managed in accordance with Env-Hw 807 (*Requirements for Management of Used Oil Being Recycled*) and/or Env-Hw 1100 (*Requirements for Universal Waste Management*) of the New Hampshire Hazardous Waste Rules, there is **no fee required**. Please **complete Sections C.1. and C.2. on page 2, sign on page 4, and return this form.**  
  
\* Please note that if you have a used oil burner, you must indicate this on Section 9.C.3 of the attached RCRA C Site Identification Form (Notification Form).
2.  **On-Site Silver Recovery Unit:** If photo-fixer solution is the **only hazardous waste** generated by your facility and **the silver is immediately recovered without any on-site storage prior to recovery**, there is **no fee required**. Please **complete Sections C.1 and C.2 on page 2, sign on page 4, and return this form.**
3.  **No Hazardous Waste Generated:** If you no longer generate hazardous waste, there is no fee required. Please **complete Sections C.1. and C.2. on page 2, sign on page 4, and return this form.**
4.  **Full Quantity Generator:** If you generate greater than 220 pounds of hazardous waste in any single month, you are a Full Quantity Generator (FQG) and not a Small Quantity Generator (SQG). There is no SQG Program fee required. Please **sign on page 4, return this form, and contact the New Hampshire Hazardous Waste Coordinator Certification Program at (603) 271-2942.**
5.  **NH Small Quantity Generator:** If your facility generates less than 220 pounds of non-acute and/or 2.2 lbs of acute hazardous waste in each and every month, please **complete the ENTIRE form, sign on page 4, and return with the required fee.**
6.  **Political Subdivision:** For SQGs that are political subdivisions (municipally owned facilities) there is no fee required. **State agencies are not political subdivisions. Please complete the ENTIRE form, sign on page 4, and return this form.**

<b>For NH DES Office Use Only:</b> <input type="checkbox"/> Payment Noted on Cover Page <b>-or-</b>	<input type="checkbox"/> Check #:	Amt.: \$	<input type="checkbox"/> Init.:
	<input type="checkbox"/> Credit Card R#:		<input type="checkbox"/> Date:
<input type="checkbox"/> No Fee Rec'd			

**C. NOTIFICATION (Env-Hw 504):**

1. Please verify, sign and date the attached yellow RCRA C Site Identification Form (Notification Form).

*In addition to completing this SQG form, please review the hazardous waste notification information that we have for your facility. Please make any necessary changes (i.e. changes contact information, regulated waste activity, waste names, etc.) on the Notification Form, **sign the Notification Form**, and return it to DES **with this SQG Self-Certification Form** (see Notes attached to this form for more guidance).*

**Please note that if you have a used oil burner, you must indicate this on Section 9.C.3 of the Notification Form.**

2. **Have hazardous waste activities (other than used oil for recycle, universal waste for recycle, and/or on-site silver recovery) at this facility ceased?**  Yes  No

*If you checked yes to this question, please provide the date that hazardous waste activities have ceased and follow the instructions in Items a. and b. below.* Date: \_\_\_\_\_

**If yes, and you no longer generate hazardous waste (other than used oil for recycle, universal waste for recycle, and/or on-site silver recovery), please follow these instructions:**

- a. On the attached Notification Form under Item 12, "Comments", indicate that the facility no longer generates hazardous waste or that the facility only generates used oil for recycle, universal waste for recycle, and/or utilizes an on-site silver recovery unit. Please also include whether or not the facility closed, relocated, or ceased generating hazardous waste.
- b. Please sign and return the Notification Form along with this SQG Self-Certification Form. There is **no fee required** for filing subsequent notification in regard to the Notification Form. **Please sign this SQG form on page 4 and return it along with the signed Notification Form.**

**D. WASTE GENERATION AND WASTE TYPE:**

1. **Waste Type:** Please list the hazardous waste(s) generated at the facility in the first column of the table below. In the second column, please describe how the hazardous waste is generated. Please **DO NOT** include used oil or universal waste (i.e. batteries, lamps, antifreeze, etc.) for recycle in this section.

List the Hazardous Waste(s)	How is it generated?

2. **Quantity of Waste:** In the table below please identify the total amount of hazardous waste **generated** (NOT shipped or an average) **per month** for the past 12 months (please use pounds or kilograms):

Month/Year	Actual Amount of Hazardous Waste Generated	Month/Year	Actual Amount of Hazardous Waste Generated
Jan./		July/	
Feb./		Aug./	
March/		Sept./	
April/		Oct./	
May/		Nov./	
June/		Dec./	

3. **Waste Determination (Env-Hw 502.01):** In general, how do you determine if your waste(s) is hazardous or not (check all that apply)?

- Waste has been tested.
- Waste is hazardous based on the knowledge of the hazardous materials used in the process.
- Rely on the transporter or consultant.

**E. STORAGE REQUIREMENTS (Env-Hw 507) - PLEASE NOTE**, this section **does NOT** need to be filled out if you are a mineral spirits generator only and the mineral spirits are only used in a **parts washer** and managed under a contractual agreement. Also, this section **does NOT** need to be filled out for **universal waste and/or used oil**:

		Storage Area 1 (identify the location)	Storage Area 2 (identify the location)
1.	Location of Hazardous Waste Storage Area(s) (describe the location of each hazardous waste storage area; please copy this page if there are three or more storage areas):		
2.	Type and size of container(s) or tank(s) (for example, steel, plastic, fiber; 5-gallon, 55-gallon, cubic yard box):		
3.	Container(s)/Tank(s) are in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Container(s)/Tank(s) compatible with the waste stored in the tank or container?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Container(s)/Tank(s) are closed except when adding/removing wastes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Container(s)/Tank(s) are stored on impervious surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does the storage area have a functional floor drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, is the secondary containment capable of containing the volume of the largest capacity hazardous waste container/tank present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.	Are hazardous waste containers stored outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, are the containers covered to prevent precipitation from coming in contact with the tops of the containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b. If yes, are they at least 50 feet from any surface water, 75 feet from private wells, 50 feet from storm drains, and outside of the protective radius of any public water supply well?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	c. If yes, is the secondary containment capable holding 110% of the volume of the largest capacity hazardous waste container/tank present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Are container(s)/tank(s) marked with the following information at the time they are first used to accumulate waste(s)?**

9.	The words "hazardous waste"	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Words that specifically identify the contents of the container/tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are the labels with the above information fully visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Are the following available at each hazardous waste storage area?**

12.	Spill control equipment, such as speedi-dry or absorbent rags?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Fire control equipment, such as fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	"No smoking" signs near ignitable or reactive wastes? *No ignitable or reactive wastes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*
15.	A minimum of 2 feet of aisle space on at least one side of each container to allow for inspections and emergency access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Small Quantity Generator Extended Storage (Env-Hw 508.03):**

16.	<b>Small Quantity Generator Extended Storage Checklist:</b> Does the facility accumulate greater than 220 pounds (100 kilograms; or approximately 26 gallons; or approximately 1/3 of a 55-gallon drum) of non-acutely hazardous waste on-site? <b>If you checked this option please complete the extended storage checklist on page 5 of this form.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**F. RECORDKEEPING REQUIREMENTS (Env-Hw 512):**

- Are manifests kept by the facility for at least 3 years?  Yes  No
- Is one copy of the manifest **sent to DES within 5 days of the shipment?** (If no, please make copies of past manifests and provide them to DES. **It is required.**)  Yes  No

**G. PRE-TRANSPORT/DELIVERY REQUIREMENTS (Env-Hw 507 & 511):**

**1. Method of Transportation**

How is hazardous waste transported? *Please check all that apply.*  Transporter  Self Transport

**2. Transportation by valid NH Hazardous Waste Transporter**

If the waste is hauled by a hazardous waste transporter, is the  Yes  No  Don't Know transporter registered with DES?

**H. CORRECTIVE ACTION PLAN:**

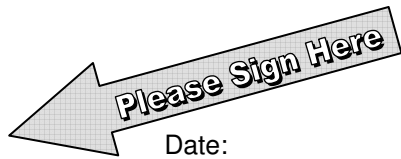
If your facility is not in compliance, please complete this form indicating any areas of non-compliance, and prepare a schedule with a list of steps to follow to bring those areas into compliance. This is known as a Corrective Action Plan and it describes the actions your facility will take to come into compliance within a specified time frame. Please note that the Corrective Action Plan shall specify the date by which all corrective actions shall have been completed, which shall be as soon as practicable but in no event later than 90 days from the date this declaration is due. If a Corrective Action Plan, that is, the list of steps with a schedule to bring areas into compliance, is needed, please provide it to DES along with this form.

\* \* \* \* \*

**CERTIFICATION**

*I hereby affirm that the information provided and other statements made on this Self-Certification Checklist and Declaration of Compliance and any attachments hereto, including but not limited to the Notification Form and any Corrective Action Plan, is correct and complete to the best of my knowledge and belief. I further affirm that I am familiar with the NH Hazardous Waste Rules applicable to Small Quantity Generators and with this Facility's operations and procedures with respect to hazardous waste. I acknowledge that RSA 641:3 provides penalties for making false or otherwise misleading statements with a purpose to deceive a public servant in the performance of official duties.*

**Signature of Owner or Executive Officer:**



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print or type)

Title: \_\_\_\_\_

\* \* \* \* \*



**Before You Return This Form, Please:**

- Review the Self-Certification Form to Make Sure it is **Complete**. If you left any required sections blank or checked "no" to any items in sections E or F (other than E.7, E.8, and E.16), your form **WILL BE RETURNED** with a request for more information.
- Sign and Date the Self-Certification Form
- Include the \$270 Fee (Unless Fee Exempt) Made Out To "**Treasurer, State of New Hampshire**"
- Verify, **Make Any Changes or Comments If Needed**, Sign, and Date the yellow RCRA C Site Identification Notification Form
- If Needed, Include the Corrective Action Plan with this Form (See Item H., **Corrective Action Plan**)

When you complete this form please return it along with the fee, the Notification form, and the Corrective Action Plan, to:

**New Hampshire Department of Environmental Services (NH DES)  
Waste Management Division  
Hazardous Waste Management Bureau- SQG Program  
P.O. Box 95, 29 Hazen Drive  
Concord, NH 03302-0095**

If you answered YES to question E.16. on page 3 of the Self-Certification Form you must also fill out this form. All of these items are **REQUIRED** if you are storing greater than 220 lbs of hazardous waste at your facility. If you check "no" to any question (other than #9), your form will be returned. Please make any corrections, prior to submitting the form.



## HAZARDOUS WASTE SMALL QUANTITY GENERATOR EXTENDED STORAGE CHECKLIST

Facility Name: \_\_\_\_\_ EPA ID #: \_\_\_\_\_

### **SQG Extended Storage Checklist (Env-Hw 508.03):**

Complete and submit this form only if the SQG facility accumulates greater than 220 pounds on-site. Under Env-Hw 508.03 of the NH Hazardous Waste Rules, SQGs may accumulate up to 2,200 pounds of non-acutely hazardous waste on-site for greater than 90 days.

1. Can the facility demonstrate weekly inspections of all hazardous waste containers?  Yes  No
2. If the facility uses tanks, can it demonstrate daily inspections of all hazardous waste tanks? (Leave blank if there are no tanks.)  Yes  No
3. Are the containers and tanks under the management of a designated hazardous waste manager or emergency coordinator or their designee?  Yes  No
4. Does the facility have a designated emergency coordinator who is either on the premises or on call and available to respond to an emergency at the premises?  Yes  No
5. Is there access to communication and alarm systems capable of summoning emergency assistance?  Yes  No
6. Has the facility posted the following information next to the telephone nearest to each hazardous waste storage area:
  - a. The names and telephone number, both work and home, of the emergency coordinator and his/her designee?  Yes  No
  - b. The telephone numbers of the fire department, police department, hospital, and State of New Hampshire and local emergency response teams that may be called upon to provide emergency services?  Yes  No
  - c. The location of fire extinguishers and spill control material and, if present, fire alarm?  Yes  No
7. Are all employees thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities during normal facility operations and emergencies?  Yes  No
8. Has the facility attempted to make arrangements (for example, letter or tour) to familiarize local authorities (for example, the local fire department) with the:
  - a. Facility layout?  Yes  No
  - b. Properties of hazardous waste handled at the facility?  Yes  No
9. Is the on-site accumulation of up to 2,200 pounds of hazardous waste ever reached?  Yes  No
  - a. If Yes, are hazardous waste containers/tanks marked with the EPA and/or state waste code and the date the accumulation limit of 2,200 pounds was reached?  Yes  No
  - b. If Yes, is the hazardous waste shipped off-site within 90 days of the accumulation limit date?  Yes  No