

Vermont Generator Onsite Hazardous Waste Treatment Notification Form

Please return completed form to: VT DEC Waste Management Division 103 South Main Street/West Bldg Waterbury, Vermont 05671-0404 (802) 241-3888		Shaded box for VT DEC Office Use Only Date In: Received By: File #	
Complete One Notification Form For Each Type Of Treatment Process			
FACILITY NAME:		FACILITY ADDRESS:	
CONTACT NAME & NUMBER:	GENERATOR STATUS <input type="checkbox"/> CEG <input type="checkbox"/> SGQ <input type="checkbox"/> LQG		EPA ID # VT _____
MONTHLY TREATMENT VOLUME: _____ <input type="checkbox"/> Pounds <input type="checkbox"/> Gallons	NUMBER OF TANKS:		NUMBER OF CONTAINERS/ TREATMENT AREAS:
SPECIFIC WASTE TYPE TREATED:			
TREATMENT PROCESS DESCRIPTION (include specific product names and serial numbers):			
DESCRIBE HOW TREATMENT PRODUCTS AND BY-PRODUCTS WILL BE MANAGED:			
SIGNATURE OF OWNER/OPERATOR		DATE	

I CERTIFY THE ABOVE INFORMATION IS ACCURATE AND CORRECT

