



**INSIGNIFICANT WASTE MANAGEMENT EVENT APPROVAL (IWMEA)
APPLICATION FORM FOR
HHW/CEG Hazardous Waste Collection Events**

Revised 2/7/12

SITE & PERSONNEL INFORMATION (Please Print):

1. Collection Site: _____
Address: _____
EPA Site ID #: _____

2. Applicant/Generator/Event Operator
for the Collection Event: _____
Address: _____
Telephone number: _____

3. Contact Person for the Collection Event: _____
Address: _____
Telephone Number: _____
Email Address: _____

4. Person completing form (if other than Applicant) _____
Address: _____
Telephone number: _____

5. Transporter/Contractor: _____
Address: _____
Telephone number: _____
Email Address: _____

6. Landowner: _____
Address: _____
Telephone number: _____

Landowner Signature: _____

Note: Landowner- Your signature constitutes approval to use this site for the collection event.

COLLECTION EVENT INFORMATION

1. Wastes to be Collected (please check): HHW only [] HHW and CEG []

2. Date(s) of Collection:

 Start Date: _____ End Date: _____
 Start Date: _____ End Date: _____
 Start Date: _____ End Date: _____

REQUIRED ATTACHMENTS

1. An up-to-date Safety, Accident and Contingency Plan for this site;
2. A site map (minimum size 8 ½" x 11" - may be hand drawn) showing the location where the collection event will occur and the location of other site appurtenances such as buildings or access roads; and
3. A written approval from the Landowner if this form is not signed on Page 1.

SIGNATURES

Your signature certifies that you have read and will adhere to the Vermont Hazardous Waste Management Regulations, the Solid Waste Management Rules, the IWMEA Guidance, and are familiar with the collection event as proposed and agree to abide by the terms of the IWMEA. Failure to do so may result in an enforcement action being taken against you. **This application will not be processed unless all required signatures are received.**

Applicant/Event Operator/Generator: _____

Date: _____