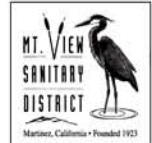


CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR PROGRAM
WASTE INVENTORY AND CERTIFICATION FORM



Page _____ of _____

Central Contra Costa Sanitary District, Attn.: HHW, 5019 Imhoff Place Martinez, CA 94553 FAX (925) 335-7737

If you require assistance completing this form, please call (800) 646-1431

APPOINTMENT DATE _____	TIME _____
------------------------	------------

COMPANY NAME: _____ CONTACT PERSON: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ EPA ID NUMBER: _____

COMPANY PHONE: (____) _____ COMPANY FAX: (____) _____

Certification:

I certify that the provided information is correct, and have read and understand the requirements for participation in the CCCSD Conditionally Exempt Small Quantity Generator (CESQG) Collection Program. I further certify that this business is located at the address specified above and is a CESQG as defined by Federal and State law and regulations. I declare under the laws of the State of California that the forgoing is true and correct. Executed at: _____, California.

AUTHORIZED REPRESENTATIVE (Print Name): _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Please fill in Table using one line per waste type per container size.

General Waste Description	Solid or Liquid (S/L)	# of Containers	Container Size	Total Volume (gallons)	Total Weight Estimate (pounds)	Disposal Cost (District staff will complete this column)	HW Category
<i>Example 1: Oil Base Paint</i>	<i>L</i>	<i>3</i>	<i>5 Gal / P</i>	<i>12 Gal.</i>	_____	\$ _____	_____
ADMINISTRATION FEE (Per Appointment)						\$ 20.00	
(USE CONTINUATION SHEET FOR ADDITIONAL ITEMS)				SUBTOTAL: (from Continuation Sheets)		\$	
				TOTAL:		\$	staff initial

TO BE COMPLETED BY CCCSD PERSONNEL

METHOD OF PAYMENT: Credit Card _____ P.O.#: _____ Check #: _____ TOTAL PAID: \$ _____ Initials: _____

TO BE SIGNED WHEN DROPPING OFF WASTE

Signature of Person Dropping off Waste: _____ Date: _____

IMPORTANT ! PLEASE KEEP THIS FORM AS A RECORD OF MANAGEMENT FOR A MINIMUM OF THREE YEARS

Tear along perforation — Bring to appointment

