



Delta Household Hazardous Waste Collection Facility

Small Business Program

Waste Inventory and Self-Certification Form

Business Name (Print Please)	EPA ID Number	SIC Code
Mailing Address		
City / State / Zip	Phone	
Generating Address (if different)		
City / State / Zip	Phone	
Contact Name (Print Please)	Owner / Principal Officer	

General Waste Description	Solid, Liquid, or Gas (S/L/G)	Number of Containers	Container Size (i.e. pint, quart, 16.4 oz., 1-gal, 5-gal)	Container Type (G,M,F,P)*	Cost Estimate (to be completed by DHHWCF personnel)
<i>(Use continuation sheet for additional items)</i>			SUBTOTAL		
<i>SUBTOTAL from Continuation Sheet</i>					
* G=Glass; M=Metal; F=Fiber; P=Plastic					TOTAL

Certification:

I certify that the provided information is correct, and have read and understand the requirements for participation in the Delta Household Hazardous Waste Collection Facility Small Business Program. I further certify that this business is located at the specified above and is a Conditionally Exempt Small Quantity Generator as defined by Federal and State law and regulations. I declare under the laws of the State of California that the foregoing is true and correct.

Signature	Print Name	Date
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Signature of Employee Dropping Off Waste _____ Date _____
(Technician must observe signature on day of service)

To be completed by DHHWCF personnel

Appointment Date:				Appointment Time:	
Method of Payment:	M.O.		Check No.	Total Paid \$:	
DHHWCF Staff Approval				Date:	

IMPORTANT! Please keep this form as a record of management for a minimum of three years.



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Continuation Sheet

PAGE ____ OF ____

DATE _____

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<i>(Transfer Subtotal to Page 1 for Total Cost)</i>			SUBTOTAL		

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