

Please describe, in as much detail as possible, the types and quantities of hazardous material you would like to bring to the **Business Hazardous Waste Program**: (Attach additional sheets if necessary)

	Material Type	Quantity	Container Size	Is the container...				MSDS sheet?
				Rusted?	Damaged?	Have a cap?	Other?	
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
13.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
15.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
17.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
18.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
19.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
20.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Email this form back to the Loudoun County Department of General Services, Waste Management Division, to Tony.Hayes@loudoun.gov or Fax it to **(703) 737-8828**; Attention: **Business Hazardous Waste Program** Manager

*MSDS = Material Safety Data Sheet



**LOUDOUN COUNTY
DEPARTMENT OF GENERAL SERVICES
WASTE MANAGEMENT DIVISION
CESQG STATEMENT**

Company Name: _____

Address: _____

Contact Name(s): _____

Telephone Number: _____

I certify that, to the best of my knowledge, the above-mentioned company is termed a **Conditionally Exempt Small Quantity Generator (CESQG)** according to **40 CFR Part 261.5** as adopted by reference into the Virginia Hazardous Waste Management Regulations, 9 VAC 20-60-10 et seq. because it meets the following conditions:

1. Less than 100 kilograms (220 pounds) of hazardous waste are generated per calendar month; [40 CFR 261.5(a)]
2. Less than 1 kilogram (2.2 pounds) of ***acutely*** hazardous waste are generated per calendar month; [40 CFR 261.5(f)(3)], and
3. Not more than 1,000 kilograms (2,220 pounds or roughly five 55-gallon drums) of hazardous waste are accumulated on-site at any time [40 CFR 261.5(g)].

Signature of Authorized Representative Date

Printed Name of Authorized Representative Title