

VERY SMALL QUANTITY GENERATOR (VSQG) PROGRAM APPLICATION (FOR S.E. MINNESOTA)

This program will accept up to 2,200 pounds each year of hazardous waste from VSQG's within the eleven county SE Minnesota region. In order to qualify, you must generate less than 220 pounds of hazardous waste per month and have a valid generator identification number.

- 1 Do you have a MPCA Generator Identification Number (formally called an EPA ID Number)**
 YES NO

If yes, please enter your MPCA Generator Identification Number in the boxes provided. If no, leave the boxes blank and we will help you determine a generator identification number.

MN _____

- 2 Company Information Section:** Please type or print. Complete all sections.

Company Name		Phone Number	
Mailing Address (Street, Rural Route, Box Number)	City	State	Zip
Address Where Waste Is Stored, if Different	City	State	Zip
Name of Contact Person		Date	

- 3 Please Check Type of Operation:**

<input type="checkbox"/> Auto Repair/Autobody	<input type="checkbox"/> Electric components	<input type="checkbox"/> Health Services	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Building Management	<input type="checkbox"/> Farm/Farm Related	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Print Shop
<input type="checkbox"/> Cleaning Contractor	<input type="checkbox"/> Food Products	<input type="checkbox"/> Local Government	<input type="checkbox"/> Painting Contractor
<input type="checkbox"/> Dry Cleaner	<input type="checkbox"/> Florist/Greenhouse	<input type="checkbox"/> Light Construction	<input type="checkbox"/> Recreation
<input type="checkbox"/> Education Service	<input type="checkbox"/> Furniture/wood product	<input type="checkbox"/> Miscellaneous Repair	<input type="checkbox"/> Retail Sales
<input type="checkbox"/> Other (specify) _____			

- 4 Certification:** I certify that I am authorized to represent this business. The information provided by me on this form is correct and true. I certify that my business meets the definition of a VSQG. I agree to the following:
- a) I authorize payment of fees charged by the program.
 - b) I am responsible to provide for the safe and legal management and transportation of my waste to the collection facility.
 - c) I agree to read and follow the guidance and requirements specific to this licensed VSQG Program.
 - d) The VSQG Program may reject delivery of my waste without cause at my expense.
 - e) The VSQG Program may add fees for additional analysis, to properly package, or otherwise handle wastes.

Generator Representative (Print Name/Title)

Signature

Date

Radioactive wastes, infectious wastes, gas cylinders and explosives are 'NOT ACCEPTED'. Please ask for disposal assistance, through our program for these materials.

5 LIST ALL YOUR WASTES FOR DISPOSAL BELOW. WE MAY NOT ACCEPT MATERIALS WHICH ARE NOT LISTED. USING APPROXIMATE QUANTITIES TO DESCRIBE YOUR WASTE IS ACCEPTABLE.

WASTES Attach MSDS's if available	Physical State (liquid, solid, sludge)	Container			Estimated Quantity (gallons/pounds)
		Number	Type	Size	
Waste Latex Paint or Adhesive					
Waste Oil-Based Paint or Adhesive					
Waste Solvent, Thinner etc.					
Waste Aerosols					
Waste Pesticides or Poisons					
OTHER WASTE(S): (Please Describe)					

Mail or Fax completed application to:

Attn: David Vail

Hazardous Waste Specialist

Olmsted County Environmental Resources

2122 Campus Drive SE, Suite 200

Rochester MN 55904

Phone: (507) 328-7078

Fax: (507) 328-7090

Email: david.vail@olmstedcounty.gov

Approval Section (OFFICE USE ONLY)

Collection Date:

Generator Identification: VSQG Minimal Generator One Time Generator

Notes