



2015 APPLICATION/RECEIPT

Small Business/Agricultural Waste Disposal Program
 7102 US Highways 12 & 18
 Madison, WI 53718
 (608) 838-3212 FAX: (608) 267-3105

Date: ____/____/____

Business Name		Type of Business	
Mailing Address			
City/Town/Village	State	Zip Code	
Contact Person	Telephone	E-mail	

1. Very Small Quantity Generator Certification

By checking this box I certify that my company/organization generates less than 220 pounds of non-acute hazardous waste per month or less than 2.2 pounds of acutely hazardous waste per month as listed in NR 661.31 to 661.33 per NR 660.10(139).

2. Estimating Disposal Costs

Final costs will depend upon the actual weight of the materials and any additional costs that may be incurred in the process of disposal. There is a minimum charge of \$75.00. A final invoice will be sent to participants upon determination of these costs.

Oxidizers	Total Pounds	_____	x	\$	4.97/lb.	=	\$	_____
Paints	Total Pounds	_____	x	\$	0.94/lb.	=	\$	_____
Flammable Liquids, Solvents, Aerosols	Total Pounds	_____	x	\$	2.13/lb.	=	\$	_____
Caustics, Pharmaceuticals, Other	Total Pounds	_____	x	\$	2.61/lb.	=	\$	_____
Pesticide - Liquid	Total Pounds	_____	x	\$	2.61/lb.	=	\$	_____
Pesticide - Solid	Total Pounds	_____	x	\$	2.61/lb.	=	\$	_____
Mercury/Amalgam	Total Pounds	_____	x	\$	10.33/lb.	=	\$	_____
Dioxin	Total Pounds	_____	x	\$	31.41/lb.	=	\$	_____
_____	Total Pounds	_____	x	\$	_____/lb.	=	\$	_____
Non-Scheduled Drop-off Charge				\$	50.00		\$	_____
					Sub Total		\$	_____
Agricultural Grant Subsidy (100% for Farm; 50% for Ag Business)							-	\$
					TOTAL	=	\$	_____

3. Certification

I realize that the Dane County Small Business Waste Disposal Program will bill my business for disposal (and other associated costs) of the wastes listed above, and I will be obligated to pay these charges upon receipt of an invoice. I understand that the Dane County Business Waste Disposal Program is not assuming liability for my wastes and that future liability remains with my business.

Furthermore, I _____ (*Print Name*) certify that I am currently knowledgeable of the hazardous waste regulations as they pertain to my business and certify that the hazardous waste listed was generated by a Very Small Quantity Generator of hazardous waste as defined by WDNR, and that my waste does not contain DEA scheduled controlled substances as addressed under Title 21 CFR 1308.11 through 1308.15. I further certify that a copy of this receipt shall be kept in the business files at the place of hazardous waste generation for regulatory review for a minimum of three years from this date.

I certify that I have reviewed the information in this application and that, to the best of my knowledgeable, it is accurate.

Signature _____ Date _____

VSQG AgBus Farm Municipality