

Business Name: _____ **Contact:** _____ **Phone:** _____

I certify that the following statements are true:

1. The business that I am representing is a Conditionally Exempt Small Quantity Generator (CESQG) who generates no more than 27 gallons or 220 pounds of hazardous waste and 1 quart or 2.2 pounds of acutely hazardous chemicals in a calendar month and will not self-transport more than this quantity.
2. The business that I am representing will be responsible for any charges for the disposal of this material.
3. The business that I am representing is in compliance with all applicable hazardous waste rules and regulations.

X

Signature

Print Name

Date

**After completing this form, send it to the City of Santa Maria Utilities Department,
Attention: Regulatory Compliance Division.**

- **Fax Forms:** (805) 928-7240
- **Mail or Drop-Off Forms:** Utilities Department, 2065 E. Main St, Santa Maria, CA 93454
 - **Email Scanned Forms:** bizhazwaste@ci.santa-maria.ca.us

Note: The City of Santa Maria cannot advise you regarding hazardous waste regulations or your current status with the CA Department of Toxic Substance Control (DTSC) as a CESQG. If you are unsure if your business is a CESQG, or you have questions about the applicable hazardous waste regulations, please call DTSC at 1-800-728-6942 for further guidance.

The City of Santa Maria reserves the right to provide this information to other government agencies to verify your compliance with CESQG regulations.

– Do not write below this line. City staff use only –

____ **Approved** You may self-transport your inventoried waste to the Santa Maria Regional Landfill Hazardous Waste Facility on **Wednesday, (Date)** _____
Time: (Please be on time. If late, you may be asked to reschedule.)

____ CESQG #1 – **8:15 a.m.**

____ CESQG #5 – **9:15 a.m.**

____ CESQG #2 – **8:30 a.m.**

____ CESQG #6 – **9:30 a.m.**

____ CESQG #3 – **8:45 a.m.**

____ CESQG #7 – **9:45 a.m.**

____ CESQG #4 – **9:00 a.m.**

Special Scheduling or Questions? Call 805-925-0951, x7270

Please bring this form with you on your scheduled day. After actual materials are weighed on a City scale, you will be invoiced. Return check fee of \$25.00 applies.

____ **Not Approved** for the following reason(s): _____

Questions? Call 805-925-0951, x7270

(For City Staff use only) Date Received _____ by _____