

Dearborn County Recycling Center

**Conditionally Exempt Small Quantity Generator (CESQG)
Verification Form**

Please Print

Generator (Business Name): _____

Authorized Representative: _____

Title of Authorized Representative: _____

Generator Site Address: _____

City: _____ *Please circle one:* Business School Church Government Non-profit Organization

Please identify type and amount of waste on the back side of this form.

Definitions

CHARACTERISTIC HAZARDOUS WASTE: A waste generated that is ignitable, as defined under 40 CFR 261.21, such as gasoline; is toxic, as defined under 40 CFR 261.24, such as arsenic; is reactive, as defined under 40 CFR 261.23, such as hydrogen peroxide; is corrosive, as defined under 40 CFR 261.22, like sodium hydroxide. (see 40 CFR 261.3)

LISTED HAZARDOUS WASTE: A waste listed in 40 CFR 261.31, 261.32, 261.33(e), or 261.33(f). [See 40 CFR 261.5(e)(1)]

Hazardous waste that can be managed under the UNIVERSAL WASTE RULE includes batteries, pesticides, thermostats, and mercury-containing lamps. (See 40 CFR 273)

In order to confirm your generator status and properly dispose of your waste, please read and affirm, under penalties or perjury, that the following is true:

I CERTIFY that I am the authorized representative of the above listed Generator, and that this Generator generates less than 220 pounds (100kg) of regulated hazardous waste per month, and less than 2.2 pounds (1kg) of acutely hazardous waste per month. [Properly managed Universal Wastes (managed under 40 CFR 273) need not be counted in this quantity determination of CESQG status.]

I AGREE to provide a Safety Data Sheet if requested.

I CERTIFY that I have and will accurately represent the quantities and types of the material(s) delivered.

I HAVE READ and understand the above and agree to the conditions and provisions that apply to the use of the Conditionally Exempt Small Quantity Generator (CESQG) program.

Signature of Authorized Representative: _____

Date: _____

I understand that there may be applicable fees (See back side of this form). I thereby agree to:

pay with check # _____, pay \$ _____ in cash, or be billed _____, due upon receipt of invoice.

check payable to : DCSWMD

Initialed by representative _____

Notes: _____

Generator: _____

Category	Item	Quantity	Fee	Total
HAZARDOUS WASTE (list type)				
E-WASTE	All televisions		\$15	
	Monitors		\$10	
	Whole computer units (desktops, servers, laptops, tablets)		N/C	
	Keyboards		N/C	
	Mouse		N/C	
	Cords		N/C	
	Printers and copiers		N/C	
	Fax Machine		N/C	
	Stereo		N/C	
	VCR/CD/DVD Players		N/C	
REFRIGERATED APPLIANCES	Refrigerator or freezer		\$10	
	Dehumidifier		\$10	
	Window air conditioner		\$10	
UNIVERSAL WASTE	Fluorescent Bulbs 4'		\$0.40	
	Fluorescent Bulbs 8'		\$0.80	
	U Tubes		\$0.50	
	UV Bulbs		\$0.34	
	Compact Bulbs		\$0.34	
	Batteries (alkaline)		n/c	
	Batteries (rechargeable, lithium ion, NiCd, Ni-MH, button)		n/c	
	Other mercury containing items		n/c	
	Pesticides		n/c	
TIRES	Bicycle		\$0.25	
	ATV		\$1	
	Mower		\$1	
	Motorcycle		\$1	
	Passenger, off rim		\$1	
	Passenger, on rim		\$2	
	Forklift/bobcat		\$4	
	Semi		\$5	
	Super singles		\$8	
	Tractor		\$20	
MISCELLANEOUS SERVICES	Document Shredding		\$5/file box	
TOTAL				