

VERMONT NOTIFICATION OF REGULATED WASTE ACTIVITY FORM
For Hazardous Waste Management

Dental Offices

Instructions

All businesses which generate hazardous waste must file a Notification of Hazardous Waste Activity form with the Vermont Dept. of Environmental Conservation. The following form has been modified and simplified for dental offices. Please complete all of the questions and submit to the Waste Management Division at the address shown on the reverse side of the form. If any of the information supplied on this form changes at any time, you must resubmit the form.

Question 1: If this is the first time that you have filed this form, please check First Notification. If you have already submitted a notification and are updating information that has changed, please check Subsequent Notification.

Questions 2-7: Self-explanatory

Question 8a: Most dental offices should fall in the category of Conditionally Exempt Generator.

Question 8b: Please check the appropriate boxes. If you have a silver recovery unit for photographic wastes please check on-site recycling. If any of your wastes that are transported off site are recycled, please check this box. Most dental offices will check this box.

Question 8c: Please specify the amounts of the listed wastes which you generate in a month (average amount generated based on shipments in the past year). The waste descriptions and waste codes shown are typical for all dental offices. Should you generate any other hazardous wastes not described please list them in the space provided.

1. First Notification
 Subsequent Notification

Reason(s) for change (e.g., name change, change of ownership with date, waste streams, regulatory status):

2. Business Name : _____

3. Location Address (e.g., 22 Main St — not P.O. Box or rural route N°): _____

City/Town: _____ County: _____ Zip Code: _____

4. Mailing Address: same as 3, above OR _____

City/Town: _____ State: _____ Zip Code: _____

5. Business Contact Person: (Last Name) _____ (First Name) _____

Job Title: _____ Phone N°: (_____) _____ - _____

6. Name of Legal Property Owner(s): _____

Address: same as 3, above; OR same as 4, above OR _____

State: _____ Zip Code: _____ Phone N°: (_____) _____ - _____

7. Does your company own other facilities or have affiliates in Vermont? Yes No

If yes, please list name(s) & location(s): _____

8. Hazardous Waste Activity:

a. Generator Status (consider the total amount of hazardous waste generated per month — not the amount shipped):

Conditionally Exempt Generator (< 220 pounds/month of hazardous waste generated) OR

Small Quantity Generator (220 to 2200 pounds/month of hazardous waste generated)

b. Other Activities (please see instructions before marking this section):

on-site recycling (e.g., silver recovery)

off-site recycling

Please give details here:

c. Description of Wastes Generated or Handled:

Regulated Waste Description	EPA/State Waste Code(s)	Amount Generated On-site (in gallons or pounds/month)
Contact, non-contact amalgam	D009, D011	
Lead Foils	D008	
Photochemical wastes - fixer and film (Silver)	D011	

9. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of authorized representative: _____ Date: _____

Name: _____ Title: _____

For assistance in completing this form, contact the Environmental Assistance Division at 802-241-3626

Please return completed form to: Agency of Natural Resources, Waste Management Division; 103 South Main St, West Building; Waterbury VT 05671-