

WEST CONTRA COSTA (WCC) VERY SMALL QUANTITY GENERATOR (VSQG) PROGRAM HOUSEHOLD HAZARDOUS WASTE (HHW) FACILITY

FORM 1: REQUIREMENTS FOR PROGRAM USE

The Customer agrees to abide by the following requirements:

1. State and federal hazardous waste laws limit the use of household hazardous waste collection programs to households and those businesses that generate less than 220 lbs/27 gallons (100 kilograms) of hazardous waste a month and less than 1 kg of "extremely hazardous waste" a month.
2. Waste must only be scheduled and delivered during the following hours of operation at this location:
 - Wednesdays, Thursdays, Fridays & Saturdays / 9:00 am – 4:00 pm (closed Noon - 12:30 pm for lunch)
 - WCC HHW Facility, 101 Pittsburg Ave., Richmond, CA, 94801
3. An authorized representative of the organization or business such as the owner, manager, or supervisor, who has legal authorization to obligate, must sign below.
4. Customers must adhere to the following requirements in preparing waste for transport:
 - No leaking containers are allowed
 - Keep different products separate from each other
 - Avoid spills: secure lids
 - Tape lids down if possible (to not fall off)
 - Unknowns are not accepted
 - Unlabeled containers with known contents should be labeled with the product name or classification
 - No containers greater than 5 gallons
 - If container is very rusty or cracked, transfer to another container and label it or place it in another secure container
 - Place waste in boxes and surround with newspaper or other material so that containers do not move during transport
 - Place waste in the trunk or back of the vehicle away from occupants
 - Load your vehicle just prior to delivery
 - Drive directly to the facility
 - Do not allow children or pets in the vehicle
5. The following waste is not accepted:
 - Radioactive materials
 - Explosives, including firearms
 - Controlled substances
 - Gas Cylinders - Pressurized, thick-walled over 5 gallons
6. State law limits transportation amount to 220 pounds/27 gallons or less and any amount over this limit will be rejected (as required).
7. The waste that has been preapproved will ONLY be accepted.
8. Prior to arrival at the facility, you will need to bring the following items:
 - Signed Requirements for Program Use (Form 1)
 - Signed Materials Acceptance Request Form (Form 2a OR Form 2a and 2b - If Applicable)
 - Inventory of Hazardous Waste for Disposal (Form 3)
 - Proof that your business or organization is located in the eligible service area
 - Check made out to "WCRR" with Payment Amount (Unless fee waived) – See Form 3

Signature

My signature below certifies that I represent the organization listed and that this business generates less than 220 lbs/27 gallons (100kg) of hazardous waste per month and less than 1 kg of "extremely hazardous waste" per month. My signature also acknowledges that all the above requirements will be adhered to.

Customer Name	Customer Title	Business
Customer Signature		Date

**WEST CONTRA COSTA (WCC) VERY SMALL QUANTITY GENERATOR (VSQG) PROGRAM
HOUSEHOLD HAZARDOUS WASTE (HHW) FACILITY**

FORM 2a: HAZARDOUS WASTE MATERIALS ACCEPTANCE

EPA/HAZARDOUS WASTE ID# (required) _____

NOTE: All applicants MUST provide a California State or Federal EPA Hazardous Waste Identification Number before approval to use the facility is granted. A number can be obtained from the Department of Toxic Substance Control (DTSC) at <https://dtsc.ca.gov/apply-for-hazardous-waste-epa-id-number/> or call the DTSC at (800) 618-6942.

Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Customer Name: _____ Phone #: _____

Email: _____

Signature

I certify that the aforementioned business does not generate more than 220 pounds of Hazardous Waste per month, and therefore is eligible to use the West Contra Costa Household Hazardous Waste Facility. I also acknowledge that facility personnel have authority to reject unacceptable materials or materials that are not accurately reflected on this inventory, and I will accept responsibility for proper disposal of rejected waste.

Customer Name	Customer Title
Customer Signature	Date

FORM 2b: HAZARDOUS WASTE MATERIALS FEE WAIVER REQUEST

RecycleMore offers Hazardous Waste Fee Waivers to schools and non-profits, ONLY. If you fall within one of the three areas below, select the appropriate category, and complete this section as well.

- Non-Profit Organization Tax ID# _____
- West Contra Costa Unified School District / Contra Costa Community College
- West Contra Costa Private School (within El Cerrito, Hercules, Pinole, Richmond, San Pablo)

Signature

I certify that the aforementioned is a non-profit organization or school and is eligible to apply for the VSQG Program Fee Waiver to use the West Contra Costa Household Hazardous Waste Facility.

Customer Name	Customer Title
Customer Signature	Date

WEST CONTRA COSTA (WCC) VERY SMALL QUANTITY GENERATOR (VSQG) PROGRAM HOUSEHOLD HAZARDOUS WASTE (HHW) FACILITY

FORM 3: INVENTORY OF HAZARDOUS WASTE FOR DISPOSAL

BUSINESS: _____

Product	Description/Quantity <small>Please include description of what the materials are that you need to dispose of, include how much, including # of containers or units and container size. Circle/indicate descriptor if below is applicable.</small>	# Units/ Pounds/ Gallons	STAFF USE ONLY Cost to Dispose/Recycle
Paint	Latex Oil-Based		\$
Solvents & Thinners			\$
Adhesives, Glue, Putty, Caulk			\$
Gas Cylinder (less than 5 gal.)			\$
Pesticides & Fertilizers			\$
Cleaners			\$
Batteries (Household: AA, AAA, C, D, 9 Volt, 12 Volt, Gel)			\$
Batteries - Auto			\$
Auto Products	Motor Oil/Filters Antifreeze Lubricating Oil		\$
Fluorescent Lighting Tubes/CFLs	Length and Type		\$
E-WASTE: CRTs (Computer & TV Monitors) <small>Schools Only: 30 units/calendar year allowed - \$10.00 fee for each additional unit</small>			\$
Other <small>(Attach separate sheet, if needed)</small>			\$
ADMINISTRATIVE FEE			\$
TOTAL			\$

Directions for Program Request Completion:

Please complete and email all three (3) forms to: pnuti@republicservices.com.

Total pricing with an appointment date and time will be provided to you, with the executed form.

For questions call the WCC HHW Hotline Number at (888) 412-9277.

STAFF USE ONLY	
Payment Amount: (Check made out to WCRR)	\$ WAIVED*: <input type="checkbox"/> YES / <input type="checkbox"/> NO
Appointment Date and Time	Time: _____ Date: _____
WCRR Approval Signature/Date:	Date: _____ Peter Nuti, Manager, WCRR
*RECYCLEMORE Approval Signature/Date (For Waiver Requests Only):	Date: _____ Peter Holtzclaw, Executive Director, RecycleMore