



RSA 147-A, Env-Hw 514



Small Quantity Generator Self-Certification and Declaration of Compliance Form



Actual Facility Location Address Here:

Company Name: _____

Facility Street Address: _____

Town/ County: _____

EPA ID #: **NHD** _____

State of New Hampshire
 Department of Environmental Services
 Waste Management Division
 HAZARDOUS WASTE CERTIFICATION PROGRAM
 PO Box 95, 29 Hazen Drive
 Concord, NH 03302-0095
 Phone #: (603) 271-6425

**Hazardous Waste Hotline -
 For General Hazardous Waste Questions**

Toll-Free (In-State Only) #:
 (866) HAZWAST -OR- (866) 429-9278

www.des.nh.gov

Data Entered:

<input type="checkbox"/> CPS	<input type="checkbox"/> ES
<input type="checkbox"/> NHW	<input type="checkbox"/> Fixer
<input type="checkbox"/> FQG	<input type="checkbox"/> PW

FOR **NHDES** OFFICE USE **ONLY**

Date Rec'd: _____

Type of Payment Rec'd: Amount Paid: \$ _____

CREDIT CARD: Receipt #: _____ Date Processed: _____ Init: _____
Credit Cards (VISA OR MASTERCARD ONLY) can be processed via (603) 271-2990

INTERNAL PAYMENT VOUCHER: Date Processed: _____ Init: _____
*ATTN. STATE DEPTS: Internal NH DES Account #: 010-04400-53920000-405389*Y*

CHECK #: _____ Date: _____ Init: _____

CHECK #: _____ Date: _____ Init: _____

NO FEE REC'D: Date: _____ Init: _____ Exempt

CHECK/PAYMENT RETURNED- N/A: *Date Refund Processed: _____ Init: _____
**Copy of Memo Refund Attached*

Complete: **YES:** Date Complete: _____ Init: _____
 Declassification to RIMS Notification to RIMS

NO: Date Incomplete: _____ Init: _____

No Signature No Fee Manifest History Indicates Active HW Mgmt.
 Other: _____

Please Keep Cover Page Attached for Internal Processing Purposes



**HAZARDOUS WASTE
SMALL QUANTITY GENERATOR (SQG)
SELF-CERTIFICATION AND
DECLARATION OF COMPLIANCE FORM**

A. GENERAL INFORMATION:

1. Contact Information for Individual Completing This Form:

Name: _____ Title: _____
Daytime Phone Number: _____ E-mail: _____

2. Date(s) of Self-Certification Inspection and File Review Done to Complete this Form: _____

3. Mailing Address: _____ *If Mailing Address is the same address as on Cover Page, please check here*

Street or PO Box: _____
City/Town: _____ State: _____ Zip Code: _____

4. Property Owner: Name: _____ Phone #: _____

B. APPLICABILITY - Check which box applies to your facility:

1. **NH Small Quantity Generator:** If you generate less than 220 pounds of non-acute and/or 2.2 lbs of acute hazardous waste in any calendar month, **please complete the ENTIRE form, sign on page 5, and return with the required fee***.

*Please note that political subdivisions (municipally owned facilities) are exempt from the fee. State agencies are not exempt from the fee.

2. **Full Quantity Generator:** If you generate greater than 220 pounds of non-acute hazardous waste or accumulate 2.2 lbs or more of acute hazardous waste in any calendar month, you are a Full Quantity Generator (FQG), not a Small Quantity Generator (SQG). **Please complete Section C.1 on page 3, sign on page 5, and return this form (no fee is required)**.

3. **No Hazardous Waste Generated:** If you no longer generate hazardous waste, other than Used Oil for Recycle that is managed in accordance with Env-Hw 807 and/or Universal Waste that is managed in accordance with Env-Hw 1100 of the New Hampshire Hazardous Waste Rules, you can inactivate or declassify your EPA ID#. **Please complete Sections C.1 and C.2 on page 3, sign on page 5, and return this form (no fee is required)**.

C. NOTIFICATION (Env-Hw 504):

1. In addition to completing this SQG Form, please update (if there are any changes) or complete (for the first time) the RCRA C Site Identification Form (Notification Form) and return it with this SQG Form.
2. Is hazardous waste no longer generated, created, or stored at this facility (other Yes No than used oil and/or universal waste)?

If yes, provide the date that hazardous waste activities ended and follow the instructions in Items a. and b. below.

Date: _____

For Help With This Form - Call (603) 271-6425 or Email SQG@des.nh.gov

PO Box 95, Concord, NH 03302-0095

www.des.nh.gov

- a. On the Notification Form, change your activity to “Not a Generator” in Section 9.A. Also, under Section 12 “Comments”, indicate that the facility no longer generates hazardous waste, why hazardous waste activity has ceased, and that all hazardous waste has been removed from the facility.
- b. Please **sign** Notification Form and return along with this SQG Form.

D. WASTE GENERATION AND WASTE TYPE:

1. **Waste Type:** Please list all hazardous waste streams created at the facility in the first column of the table below. In the second column, describe how the hazardous waste is created. **DO NOT** include used oil for recycle, universal waste (i.e. batteries, lamps, antifreeze, etc.), or biohazardous waste (i.e. sharps):

List the Hazardous Waste(s)	How is it generated?

2. **Quantity of Waste:** In the table below, please identify the total amount (in pounds or gallons) of hazardous waste **created** per month for the past 12 months. This amount should be how much hazardous waste you actually put into your waste container each month:

Month/Year	Actual Amount of Hazardous Waste Created	Month/Year	Actual Amount of Hazardous Waste Created
Jan./		July/	
Feb./		Aug./	
March/		Sept./	
April/		Oct./	
May/		Nov./	
June/		Dec./	

Check One: pounds gallons

3. **How many pounds or gallons of hazardous waste are currently stored at your facility?** _____

Check One: pounds gallons

4. **Waste Determination** (Env-Hw 502.01): Generators must review all wastes created at their business and document whether they are hazardous waste or not. These determinations should be done at the point the material is no longer usable and determined to be a waste, **prior** to any treatment or mixing with other material.

Does your facility maintain **written** hazardous waste determinations, including analytical results, safety data sheets (SDSs), generator and/or process knowledge, for all wastes disposed of at your facility? Yes No*

*** If no, please make sure you have adequate waste determinations and that they are documented before completing and returning this form.**

E. STORAGE REQUIREMENTS (Env-Hw 507 & 508) - PLEASE NOTE, this section **does NOT** need to be filled out for parts washer solvent managed under a contractual agreement, universal waste or used oil for recycle.

		Location 1	Location 2
1.	Location of ALL areas where hazardous waste is stored (describe each location; copy and attach additional pages if there are more than two locations):		
2.	Type <u>and</u> size of containers or tanks (i.e. steel, plastic, fiber; and 5-gallon, 55-gallon, cubic yard box):		
3.	Containers/Tanks are in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Containers/Tanks are compatible with waste stored within them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Containers/Tanks are closed except when adding/removing wastes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Containers/Tanks are stored on impervious surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are hazardous waste containers stored near a functional drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If yes, is secondary containment capable of containing the volume of the largest capacity hazardous waste container present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are hazardous waste containers/tanks stored outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If yes, is secondary containment capable of holding 110% of the volume of the largest hazardous waste container or 10% of the total volume of containers present, whichever is greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	If yes, are the containers <u>and</u> secondary containment covered to prevent precipitation from coming in contact with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	If yes, are the containers at least 50 feet from any surface water, 75 feet from private wells, 50 feet from storm drains, and outside of the protective radius of any public water supply well?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are containers/tanks marked with the following information at the time they are first used to accumulate waste?

9.	The words "hazardous waste"	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Words that specifically identify the contents of the containers/tanks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are the labels with the above information fully visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are the following available at each location where hazardous waste is stored?

12.	Spill control equipment, such as speedi-dry or absorbent rags?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Fire control equipment, such as fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	"No smoking" signs near ignitable or reactive wastes (sign is required regardless of any facility wide no smoking policies)? *N/A <u>ONLY</u> applies if no ignitable or reactive wastes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*
15.	A minimum of 2 feet of aisle space on at least one side of each container to allow for inspections and emergency access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Small Quantity Generator Extended Accumulation (Env-Hw 508.03):

16.	Does the facility accumulate/store greater than 220 pounds (approximately 26 gallons or 1/2 of a 55-gallon drum) of non-acutely hazardous waste on-site? If yes, please complete the extended accumulation checklist on page 6 for EACH storage location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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F. RECORDKEEPING REQUIREMENTS (Env-Hw 510 & 512):

- Are manifests kept by the facility for at least 3 years? Please note that if your transporter uses a paper manifest, you are required to keep the copy left by the transporter at the time of the shipment **AND** have proof that the Treatment, Storage, and Disposal Facility (TSDF) received your hazardous waste. Yes No*
No Waste Shipped
- Is a copy of the manifest sent to NHDES by your facility within 5 days of the shipment (email to hazwastereporting@des.nh.gov is preferred)? Please note, if a paper manifest is used, your requirement to send this copy is in addition to the copy the TSDF/transporter is required to send to EPA. Yes No*

***If no, please obtain copies for your records and/or make copies for the past 3 years and provide with this form.**

G. PRE-TRANSPORT/DELIVERY REQUIREMENTS (Env-Hw 507 & 511):

Please note that all hazardous waste must be transported by or delivered to a hazardous waste transporter that is registered with NHDES.

How is hazardous waste transported?
(check all that apply)

- Transporter
- Self-Transport*
- No Waste Shipped

*If yes, Where? _____
Date last self-transported? _____

H. REPORTING DISCHARGES OF HAZARDOUS WASTE (Env-Hw 513):

Your facility is required to immediately report the discharge/release of any hazardous waste or material that when discharged becomes a hazardous waste that poses a threat to human health or the environment, including, but not limited to a discharge into storm drains or sanitary sewers, onto the land or into the air, groundwater or surface waters. If you should ever have such a release, please refer to Env-Hw 513 for directions on how to report the event and requirements for the cleanup plan.

I. CORRECTIVE ACTION PLAN:

If your facility is not in compliance, please try to correct those items before submitting this form. If the items cannot be corrected before due date of this form, please prepare a Corrective Action Plan (CAP). The CAP should describe the actions you will take to come into compliance. Please specify the date that all corrective actions will be completed, which shall be as soon as practicable, but in no event later than 90 days from the date this form is due. If a CAP is needed, please provide it to NHDES along with this form.

CERTIFICATION

I hereby affirm that the information provided and other statements made on this SQG Self-Certification and Declaration of Compliance Form and any attachments hereto, including but not limited to the Notification Form and any Corrective Action Plan, is correct and complete to the best of my knowledge and belief. I further affirm that I am familiar with the NH Hazardous Waste Rules applicable to Small Quantity Generators and with this Facility's operations and procedures with respect to hazardous waste. I acknowledge that RSA 641:3 provides penalties for making false or otherwise misleading statements with a purpose to deceive a public servant in the performance of official duties.

Signature of Owner or Owners Authorized Representative:



Date: _____

Name: _____
(Please print or type)

Title: _____

Before You Return This Form, Please:

- Review the SQG Self-Certification Form to make sure it is complete. If you left any required sections blank or checked "no" to any items in Sections E or F (other than E.7, E.8, and E.16), your form WILL BE RETURNED with a request for more information or corrections.
- Sign and date the SQG Self-Certification Form
- Include the \$270 Fee due (unless another amount was requested or fee is exempt) made payable to "Treasurer, State of New Hampshire" or call (603) 271-2990 or (603) 271-6425 to make a credit card payment (Visa or MasterCard ONLY)
- Complete or make any changes to, sign, and date the Notification Form (if required)
- If needed, include the Corrective Action Plan with this Form (See Item I)

Please return this form along with the fee, Notification form (if required), and Corrective Action Plan (if applicable), to:

NHDES
SQG Program
P.O. Box 95, 29 Hazen Drive
Concord, NH 03302-0095

OR

Scan/Email documents to
SQG@des.nh.gov
and
Pay with a Credit Card

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HAZARDOUS WASTE SMALL QUANTITY GENERATOR EXTENDED ACCUMULATION CHECKLIST (Env-Hw 508.03)

If more than 220 pounds of hazardous waste is stored on-site, this checklist must be completed for EACH area where hazardous waste is stored. All of these items are REQUIRED and SQGs are only allowed to accumulate up to 2200 pounds of non-acutely hazardous waste. If "no" is checked on any question (other than #10), your form will be returned. Please make any corrections prior to submitting the form. If assistance is needed, contact NHDES for guidance or to request templates for letters, inspection checklists or emergency postings.

1.	Does the facility conduct weekly inspections of all hazardous waste containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	If the facility uses tanks, does the facility conduct daily inspections of all hazardous waste tanks? (Leave blank if there are no tanks.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are the containers and tanks under the management of a designated hazardous waste manager, emergency coordinator or their designee? Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the facility have a designated emergency coordinator who is either on the premises or on call with the responsibility for coordinating all emergency response measures? Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is there access to external communication (e.g. phone), which should be no more than 100 feet from the storage area and along a clear path, capable of summoning emergency assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is there access to an internal alarm system (e.g. pull station, intercom, air horn, voice if applicable) capable of summoning emergency assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Has the facility posted the following information next to the telephone nearest, but no more than 100 feet, to each hazardous waste accumulation area:		
	a.	The name and emergency telephone number of the emergency coordinator (and his/her designee if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	The telephone numbers of the fire and police departments, hospital, and State of NH and local emergency response teams that may be called upon to provide emergency services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c.	The location of fire extinguishers, spill control material and, if present, fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are all employees thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities during normal facility operations and emergencies?		
9.	Has the facility attempted to make arrangements to familiarize local fire officials with the facility layout (e.g. entrances to facility, evacuation routes and personnel locations) and properties of hazardous waste handled at the facility and associated hazards?		
10.	Has the on-site accumulation of 2,200 pounds of hazardous waste ever been reached?		
	a.	If yes, are hazardous waste containers/tanks marked with the date the accumulation limit of 2,200 pounds was reached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	If yes, is ALL of the hazardous waste shipped off-site within 90 days of the accumulation limit date?	<input type="checkbox"/> Yes <input type="checkbox"/> No