

**ROCK RIVER WATER RECLAMATION DISTRICT
HAZARDOUS WASTE NOTIFICATION FORM**

I. Facility Information

1. Company Name: _____ Address _____

2. Person Completing this form: _____ Telephone #: _____

II. Hazardous Waste Notification

1. Does your facility discharge more than 15 kilograms per month of non-acute hazardous waste or any amount of acute hazardous waste per month to the sanitary sewer?

Yes _____

No _____

(If you answered "no" to question 1, you may stop here and mail this form back to the Rock River Water Reclamation District at the address given at the end of the questionnaire.)

Name of Hazardous Waste	USEPA Hazard. Waste No.	Type of Discharge (Batch, Continuous)	>100kg Discharged per month (Yes/No)	Hazardous Constituents ¹	Mass of Hazardous Waste Discharged Per Month (kg) ¹	Concentration of Hazardous Waste (mg/L) ¹	Mass of Hazardous Waste Discharged Per Year (kg) ¹	Concentration of Hazardous Waste (mg/L) ¹

¹Complete these sections only if >100 kg of hazardous wastes are discharged during any calendar month.

Return this form to:

Larry McFall
Plant Operations Manager
Rock River Water Reclamation
PO Box 7480
Rockford, Illinois 61126-7480

Mail a copy of this form to:

USEPA Region 5
RCRA Activities
PO Box A-3587
Chicago, Illinois 60690

&

Illinois Environmental Protection Agency
Division of Land Pollution Control
1021 North Grand Avenue, East
PO Box 19276
Springfield, Illinois 62794-9276