

Waste & Recycling Division
Household Hazardous Waste Facility
EPA ID #FLR000115329
 5 Environmental Loop South
 Winter Haven, FL 33880
 (863) 284-4319
 FAX (863) 284-4321



**Hazardous Waste Collection Program
 for Small Businesses (By Appt. Only)**
Inventory Sheet/Disposal Record
Example

1. GENERATOR INFORMATION

a. Company Name: Acme Body Shop	b. Contact Person: Mike Smith
c. Phone: (863) 000-0000	d. Fax: (863) 000-0000 e. E-mail: smith@acme.com
f. Mailing Address: PO Box 1234, Lakeland FL 33802	g. Site Address (if different): 1234 Main St., Lakeland FL 33801
h. EPA ID #: N/A	

2. HAZARDOUS WASTE INVENTORY					TO BE COMPLETED BY POLK COUNTY			
Product Name	Chemical Formula	Actual Container Size (not amount inside) (A)	# of Containers or Units (B)	Total Amount (A x B)	Cost per Unit	Estimated Disposal Fee	Actual Quantity Delivered (including units)	Disposal Fee
Latex Paint	Water Based	1 gal	5	5 gals				
Alkyd Paint	Solvent/Oil Based	5 gal	2	10 gals				
2-Part Polyurethane	Polyurethane Resin (Part 1)	1 gal	1	1 gal				
Polyurethane Catalyst	Polyisocyanates, Petroleum Distillates (Part 2)	1 gal	1	1 gal				
Paint Stripper	Methylene Chloride, Methanol	1 qt	1	1 qt				
Adhesives			1	5 gals				
Used Containers			5	5 units				
Minerals			1	5 gals				
Aerosol Pesticide	Chloropyrifos, Petroleum Distillates, Propellant	16 oz	2	32 oz				
Aerosol Spray Paint	Oil based Paint, Propellant	12 oz	4	48 oz				
Degreaser	Petroleum Distillates, surfactant	5 gal	1	5 gals				
4' Fluorescent Lamps	Mercury	unit	10	10 units				
8' Fluorescent Lamps	Mercury	unit	5	5 units				

TO BE COMPLETED AT TIME OF DELIVERY: By signing this document you are certifying that your business is a conditionally exempt small quantity generator (CESQG). A CESQG generates less than 220 pounds (~25 gallons) of hazardous waste in a calendar month and does not accumulate more than 2,200 pounds of hazardous waste at any one time. Only CESQGs can take advantage of this business hazardous waste collection. *If Polk County discovers that the waste accepted was another type of waste, the county will reserve the right to seek additional compensation to cover disposal costs.*

DO NOT SIGN PAPERWORK UNTIL TIME OF DELIVERY

Delivery: Business Representative (print name) _____ Signature _____ Date _____

Delivery: County Representative (print name) _____ Signature _____ Date _____