



UNIVERSITY OF MINNESOTA

Request for Permission to Dispose of Chemicals by Sewer or in Trash *One chemical mixture/waste stream per request form*

Please Print

Date: _____

Name: _____ Job Title: _____

Phone#: _____ Fax#: _____ E-mail address: _____

Department#: _____ Building#: _____ Room#: _____

Requesting Permission to: (check all that apply) Sewer Trash

List Compounds and Concentrations in Percent: (attach additional sheets as necessary)

<u>DDC#</u>	<u>CAS#</u>	<u>Compound Name</u>	<u>Percent Concentration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount to be disposed of on a daily basis: _____

Amount to be disposed of on a weekly basis: _____

Amount to be disposed of on an annual basis: _____

Amount of largest batch or single amount disposed: _____

Number of times single batch is to be disposed per year: _____

pH of soluble liquids: _____

Certification

This is to certify that the above named articles are properly classified and described. Improper information constitutes violation of federal law PL94-580, which could result in civil or criminal penalties.

Required Signature: _____ Date: _____

DO NOT DISPOSE OF CHEMICALS IN THE TRASH OR SEWER UNTIL YOU RECEIVE WRITTEN APPROVAL FROM THE CHEMICAL WASTE PROGRAM, (612) 626-1604.

Mail this form to:

Campus Mail
Environmental Health and Safety
Chemical Waste Program
IWMF

U.S. Mail
Environmental Health and Safety
University of Minnesota
501 - 23rd Ave. SE
Minneapolis, MN 55455-0447

For Chemical Waste Program Use Only:

Approval Granted

Approval Denied

Reason Denied: _____

Customer Notification Date: _____

Reviewer Name: _____

Or fax to: (612) 626-1571

Or e-mail above information to: hazwaste@tc.umn.edu