



YEAR 2000 COLLECTION EVENTS / MOBILE COLLECTIONS ANNUAL REPORT

HOUSEHOLD HAZARDOUS WASTE / CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS

INSTRUCTIONS

Note: Each letter corresponds to a section of the attached reporting form.

- A.-C. Provide the name of the agency as it is legally referred to, type of event, and identify the county name.
- D. Check the appropriate waste category accepted. If you accept both waste categories, copy this form to report them **separately**. Please do **not** combine HHW and CESQG on one form.

Caution: Survey forms that contain a combination of HHW *and* CESQG data will not be accepted.

- E.-F. Provide the agency address and telephone number.
- G.-H. Check "YES" if you held HHW Collection events in 2000 and if you used the services of an environmental contractor. Provide the contractor's name, address, telephone number, fax number, E-Mail address (if applicable), and what type of service was provided by the contractor.
- I. For each collection event held in 2000, indicate the name of the event, date, location, and sponsor. Indicate the costs for the disposal of waste by contractor and costs incurred by the local jurisdictions.
- J. Indicate the costs for the disposal of waste by the contractor and costs incurred by the local jurisdiction for the collection or mobile event(s). Also show paid and volunteer hours.
- K.-M. Using the waste unit codes and waste disposal method codes, check the appropriate box for waste collected at the collection event and fill in quantities collected.
- N. Specify if these waste types were added or considered in 2000.
- O. Indicate the restrictions on waste received, check the source (e.g. household only waste), type (e.g. paint and oil), amount (e.g. 5 gallons per person/per day).

Make sure that you have completed, signed, and dated this form.

The preparer is the person who has prepared the survey forms, is familiar with the regulations, and is in charge of overseeing the operations. Please provide their name, title, date, telephone number, and e-mail address.



YEAR 2000 COLLECTION EVENTS / MOBILE COLLECTIONS ANNUAL REPORT

Please complete each box
(Please complete a separate form for each collection held in 2000)

A. AGENCY NAME: 	B. TYPE OF EVENT (check only ONE per form) <input type="checkbox"/> COLLECTION <input type="checkbox"/> MOBILE						
C. COUNTY: 	D. WASTE ACCEPTED (check only one per form) <input type="checkbox"/> HHW or <input type="checkbox"/> CESQG (If both, copy this form to report HHW and CESQG separately)						
E. AGENCY ADDRESS 	F. PHONE (_____) _____ FAX _____						
G. DID YOU HOLD COLLECTIONS IN 2000? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO , answer the following questions in item G, sign, date, and return. This completes your reporting obligations for this form. If YES , how many? _____ If YES , please answer the following questions and complete the remainder of the form and sign on the back. Do you plan to have collections in 2001? <input type="checkbox"/> NO <input type="checkbox"/> YES When? _____							
H. DID YOU USE THE SERVICES OF AN ENVIRONMENTAL CONTRACTOR IN 2000? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES: 1. Name(s) of contractor(s) _____ Contact person _____ Address _____ Phone (_____) _____ Fax No. _____ E-MAIL Address _____ What type of service was provided? (recycle oil, dispose of waste, etc.) _____ 2. Name(s) of contractor(s) _____ Contact person _____ Address _____ Phone (_____) _____ Fax No. _____ E-MAIL Address _____ What type of service was provided? (recycle oil, dispose of waste, etc.) _____							
I. FOR EACH COLLECTION EVENT HELD IN 2000, PLEASE COMPLETE A SEPARATE FORM (make copies of this form if needed) Name of Event _____ Date(s) _____ Location(s) _____ Sponsor(s) _____							
J. COLLECTION EVENT COST AND PARTICIPATION Total Employee Hrs _____ Open hours/event _____ Volunteer Hours _____ Employee Costs (including benefits) \$ _____ Materials, Publicity, Other Costs \$ _____ Contractor Disposal Costs \$ _____ (Circle category of customer then put number in space to the right) Households OR CESQGs participating (vehicles) _____ Total Households OR CESQGs served (if different): _____							
K. WASTE UNITS Please report amounts by the following units, as appropriate for the waste types on the following page (all drums are assumed to be 55s): <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">BU Bulk Drums (e.g., latex paint)</td> <td style="width: 25%;">GA Gallons</td> <td style="width: 25%;">PO Pounds</td> </tr> <tr> <td>LO Loose Pack Drums (e.g., aerosol cans)</td> <td>EA Each</td> <td>LA Labpack Drums (e.g., pesticides, solid flammables)</td> </tr> </table>		BU Bulk Drums (e.g., latex paint)	GA Gallons	PO Pounds	LO Loose Pack Drums (e.g., aerosol cans)	EA Each	LA Labpack Drums (e.g., pesticides, solid flammables)
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(continued on back)

L. WASTE DISPOSAL METHODS

(One disposal method per line, or provide separate quantities and units if same waste has different disposal methods.)

For each waste type, indicate disposal methods by bold letter in the "Disposal" column below:

- U** Reused. Reusing waste materials such as latex paint or pesticides without processing the material, e.g., by exchange.
- R** Recycled. A process of transforming material into usable or marketable material.
- E** Energy recovery. A process of converting used oil and other materials with fuel value into usable energy, e.g., oil burned to recover energy or heat building.
- T** Treated/solid waste LF. Physical, chemical, or biological processing of waste prior to landfilling.
- W** Wastewater disposal with or without pretreatment processing.
- H** Hazardous waste facility. Waste materials sent to a facility where dangerous waste is placed such as hazardous waste landfill or a treatment storage and disposal facility (TSD).
- S** Disposal to a solid waste landfill without treatment.
- O** Other. Other methods of disposal.

M. PLEASE CHECK IF RECEIVED, RECORD QUANTITY, UNITS (see K), and DISPOSAL METHODS -- U, R, E, T, W, H, S, O (see L)

✓ WASTE TYPE (DOT Class)	Quantity	Units	Disposal	✓ WASTE TYPE (DOT Class)	Quantity	Units	Disposal
<input type="checkbox"/> 1a. Acids (8)				<input type="checkbox"/> 14. Latex Paint			
<input type="checkbox"/> 1b Acids (8) [aerosol cans]				<input type="checkbox"/> 15. Lead Acid Batteries		EA	
<input type="checkbox"/> 2. Antifreeze				<input type="checkbox"/> 16. Oil Based Paint			
<input type="checkbox"/> 3a. Bases (8)				<input type="checkbox"/> 17. Oil Contaminated			
<input type="checkbox"/> 3b Bases (8) [aerosol cans]				<input type="checkbox"/> 18. Oil Filters			
<input type="checkbox"/> 4. CFC / Freon				<input type="checkbox"/> 19. Oil Filters Crushed			
<input type="checkbox"/> 5. CFC / Freon Filters				<input type="checkbox"/> 20. Oil Non-Contaminated			
<input type="checkbox"/> 6. Chlorinated Solvents				<input type="checkbox"/> 21. Oil with Chlorides			
<input type="checkbox"/> 7. Crushed Cans				<input type="checkbox"/> 22. Oil with PCBs			
<input type="checkbox"/> 8. Dry Cell Batteries				<input type="checkbox"/> 23. Other Dangerous Wastes		PO	
<input type="checkbox"/> 9. Flammable Solids (4)				<input type="checkbox"/> 24. Organic Peroxides (5.2)			
<input type="checkbox"/> 10a Flammable Liquids (3)				<input type="checkbox"/> 25. Oxidizers (5.1)			
<input type="checkbox"/> 10b. Flammable. Liquids (3) [aerosol cans]		LO		<input type="checkbox"/> 26. Personal Protect. Equip.		PO	
<input type="checkbox"/> 11a. Flam. Liq. – Poison (3, 6.1)				<input type="checkbox"/> 27. Pesticide/Poison Liq(6.1)			
<input type="checkbox"/> 11b Flam Liq, Poison (3, 6.1) [aerosol cans]				<input type="checkbox"/> 28. Pesticide/Poison Sol(6.1)			
<input type="checkbox"/> 12. Flammable Gas (2)				<input type="checkbox"/> 29. Reactives			
<input type="checkbox"/> 13a. Flam. Gas –Poison (2, 6.1)				<input type="checkbox"/> 30. Other Non-Hazardous		PO	
<input type="checkbox"/> 13b. Flam Gas –Poison (2, 6.1) [aerosols]							

N. CHANGES IN WASTE ACCEPTED IN 2000?	Currently accept?	Exploring acceptance?
Mercury-bearing waste (fluorescent lamps, manometers, etc.)	Y OR N	Y OR N
Used electronics (TVs, computers, monitors, etc.)	Y OR N	Y OR N

O. ARE THERE RESTRICTIONS ON WASTE RECEIVED AT YOUR COLLECTION EVENTS, BASED ON?

- Source (specify) _____
- Type (specify) _____
- Amount (specify) _____

PREPARED BY _____ (Title) _____	DATE _____ PHONE (____) _____ E-MAIL ADDRESS _____
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