Monterey Regional Waste Management District



Service, Stewardship and Sustainability Since 1951

Conditionally Exempt Small Quantity Generator (CESQG) Tracking Sheet

Part 1 • Business Information

Appointment Date	Appointment Time		EPA ID Number, if any	
Phone Number	Fax Number		Haz Mat Registration Number, if any	
Mailing Address		Name of Business		
		Street Address if different from mailing address		

Part 2 • Waste Description

Waste Type	Type of Hazard Label	Gal./can	Unit Price	Cost(\$)
(Admini				
	TOTAL			

FEES LIST					
No charge for car batteries and used uncontaminated motor oil					
Acids/Bases	\$1.00/lb.	Fluorescent Tubes	\$0.20/ft.	Contaminated, Used Motor Oil or Gasoline	\$1.00/lb.
Aerosols	\$1.00/can	Fluorescent Bulbs	\$1.00/lb.	Oil Filters	\$1.00/ea.
Antifreeze	\$1.00/lb.	Gas Cylinders: Under 5 gal	\$20.00/ea.	Oxidizers	\$1.00/lb
Asbestos (Non-friable Only)	\$1.00/lb.	Batteries:(Alkaline, NiCad/ Lith)	\$1.00/lb.	Pesticides (Liquids/Solids)	\$1.00/lb
Flammable Liquids	\$1.00/lb.	Latex Paint	\$0.50/lb.	Reactives	\$5.00/lb.
Flammable Sludges	\$1.00/lb.	Oil Based Paint	\$1.00/lb.	Solvents	\$1.00/lb.
Flammable Solids		Mercury	\$3.00/lb.	HHW Clean-up Service Fee (e.g. For illegally dumped material)	\$100.00/staff hr.

Part 3 • Certification

State and federal hazardous waste laws limit the use of household hazardous waste collection programs to households and those businesses that generate less than 100 kilograms (about 27 gallons or 220 lbs.) of hazardous waste per month and less than 1 kg of "extremely hazardous waste" per month.

My signature below certifies that I represent the business listed in Part 1 above and that this business generates less than 100 kg of hazardous waste per month and less than 1 kg of "extremely hazardous waste" per month.

My signature below also certifies that the wastes I am transferring to the CESQG Collection Program were generated within the District service area by the business listed above and that I have transferred these wastes to the MRWMD PHHWCF for proper management and/or disposal.

Signature

Name/Title/Date

For staff use only:

License	Staff Initials Check Number/Amount		Cash Amount	To Invoice		
		()/\$	\$	\$		
14201 Del Monte Boulevard PO Box 1670 Marína, CA 93933-1670 (831) 384-5313 Fax (831) 384-3567						

www.mrwmd.org

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