



NHIW CERTIFICATION

Please read instructions prior to completing this form.

Generator Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Point of Generation Address: _____ City _____ State _____ Zip _____

Generator Contact: _____ Title _____ Telephone _____

DETAILED WASTE DESCRIPTION

Waste Name: _____

If waste was generated out-of-state, is it classified as hazardous in the state of origin? Yes No NA- Okla. waste

Approximate amount of waste to be disposed:

Disposal frequency:

Physical characteristics:

_____ <input type="checkbox"/> Tons	<input type="checkbox"/> Pounds	<input type="checkbox"/> One-time	<input type="checkbox"/> Weekly	<input type="checkbox"/> Solid	<input type="checkbox"/> Liquid
<input type="checkbox"/> Cubic yards	<input type="checkbox"/> Drum	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> Sludge	<input type="checkbox"/> Combination
<input type="checkbox"/> Other _____					

Method used to determine waste is non-hazardous: Analysis Generator knowledge Both

Process generating waste (be specific and use additional sheets if necessary):

DESIGNATED RECEIVING LANDFILL

Name: _____ Permit #: _____

GENERATOR CERTIFICATION

I understand this form must be signed by the original waste generator or other persons authorized by 27A O.S. §2-10-501(H).

To the best of my knowledge, I certify:

- ◆ The information contained herein is accurate, complete, and representative of the waste to be disposed;
- ◆ The waste identified above is not a characteristically hazardous waste as identified by 40 CFR 261, Subpart C, is not a listed hazardous waste as identified by 40 CFR 261, Subpart D or contaminated with a listed hazardous waste, and is not otherwise identified as a hazardous waste by the Department of Environmental Quality; and
- ◆ This waste will be managed in accordance with all applicable statutes and rules of the Department of Environmental Quality.

Generator Signature _____

INSTRUCTIONS FOR COMPLETING THE NHIW CERTIFICATION

Enter the name of the generating facility, generator mailing address, address where the waste was generated, contact name and title of person at the generating facility who is knowledgeable about the waste, and phone number.

DETAILED WASTE DESCRIPTION

1. Identify the name of the waste.
2. Identify the approximate amount of waste to be disposed under the plan, its frequency of disposal, and its physical characteristics.
3. Identify if the waste was determined to be non-hazardous by either knowledge of process, testing, or both. If requested by DEQ, the generator must be able to provide information about the waste, such as a list of chemical constituents entering into the waste and a list of chemical constituents likely to be in the waste, laboratory analyses, MSDS sheets, and other information used by the generator to determine the waste is non-hazardous.
4. Identify the process generating the waste. Please note that the waste generating description must be specific and sufficient to demonstrate the waste is non-hazardous.

DESIGNATED RECEIVING LANDFILL

Identify the name of the landfill to receive the waste and its DEQ permit number.

GENERATOR CERTIFICATION

Read the certification and sign and date the form. **Please note that the certification may only be dated and signed by one of the following:** 1) the original waste generator; 2) a person who identifies and is under contract with a generator and whose activities under the contract cause the waste to be generated; 3) a party to a remediation project under an order of the DEQ or under the auspices of the Oklahoma Energy Resources Board or other agencies of other states; or 4) a person responding to an environmental emergency.

The completed notification form should be submitted to the DEQ at the following address. Once submitted, the generator may dispose of the waste at the designated landfill.

Department of Environmental Quality
Solid Waste Compliance Unit
P. O. Box 1677
Oklahoma City, OK 73102
Phone (405) 702-5100
Fax (405) 702-5101