

**NOTIFICATION PURSUANT TO 40 CFR 403.12(p)
HAZARDOUS WASTES DISCHARGED TO METROPOLITAN ST. LOUIS SEWER DISTRICT**

FACILITY NAME: _____
 FACILITY ADDRESS: _____
 CONTACT PERSON: _____ PHONE: _____
 TITLE OF CONTACT PERSON: _____

If your facility will discharge to the sewer during the next 12 months any quantity of hazardous waste, complete the following:

HAZARDOUS WASTE NAME	HAZ. WASTE NUMBER	TYPE OF DISCHARGE (Cont./Batch/Other)	MASS TO BE DISCH. NEXT 12 MO. (lbs)

For each hazardous waste listed above, provide the following information to the extent it is known and readily available to you:

HAZARDOUS CONSTITUENTS	EST. MASS DISCH./MO. (lbs)	EST. CONC. IN DISCH. (PPM)	EST. MASS TO BE DISCHARGED DURING NEXT 12 MO. (lbs)

CERTIFICATION: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that the facility named above has a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree the company has determined to be economically practical.

PRINTED NAME: _____ SIGNATURE: _____
 TITLE: _____ DATE: _____

Submit copies of this form to: Metropolitan St. Louis Sewer District (MSD)
 Missouri Department of Natural Resources (MDNR)
 United States Environmental Protection Agency (USEPA)