Facility Name: ________________________________

Waste Name: ________________________________

Description of Process: ________________________________

Pounds of waste generated each month: ________________________________

Does this waste meet the definition of a solid waste? Yes No

Is this waste exempt from the definition of solid waste or hazardous waste? Yes No

Was laboratory analysis used to make this determination? Yes No

If yes, record the name and KDHE certificate number for the laboratory: ________________________________

If yes, attach a copy of the analytical results to this sheet.

Was knowledge of the process used to make this determination? Yes No

If yes, list the name and date of each document (MSDS, process flow diagrams, etc.) reviewed and/or attach them to this sheet:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Is this waste non-hazardous? Yes No

Is this waste a listed hazardous waste? Yes No

If yes, list waste codes: ________________________________

Is this waste a characteristic hazardous waste? Yes No

If yes, list waste codes: ________________________________

List the name and title of the person making this determination: ________________________________

Date of this determination: ________________________________