

Environmental Resources Center

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ANNUAL SURVEY FOR HAZARDOUS WASTE COLLECTION
FROM SMALL BUSINESS (VSQG)

Facility Sponsor: _____ Year of Collection: _____

Person in Charge of Waste Collection Programs: _____

Phone: _____ Address: _____

Fax: _____

E-mail address: _____

URL address: _____

Contractor(s): _____

WHO PARTICIPATES?

- Businesses in area served: _____
- Number of businesses participating in your collection program (if available): _____
- Please specify the kind of businesses that participate in your program and the quantity of waste you accept from them [if available]. (Check all that apply)

Type of Business **Total Lbs/Yr** or **Avg Lbs/Month**:

- | | |
|---|--|
| <input type="checkbox"/> Agricultural business
Cooperatives _____ | <input type="checkbox"/> Lawn & Garden Centers
(including stores that carry
lawn & garden chemicals,
e.g. hardware stores,
K-Mart, etc.) _____ |
| <input type="checkbox"/> Automotive services _____ | <input type="checkbox"/> Manufacturers (e.g. auto
parts, machine parts) _____ |
| <input type="checkbox"/> Cemeteries _____ | <input type="checkbox"/> Metal Fabricators _____ |
| <input type="checkbox"/> Dry Cleaners _____ | <input type="checkbox"/> Municipal transportation
system _____ |
| <input type="checkbox"/> Electroplaters _____ | <input type="checkbox"/> Paint-related services _____ |
| <input type="checkbox"/> Farms _____ | <input type="checkbox"/> Photographers _____ |
| <input type="checkbox"/> Fumigators (e.g. Port
of Milwaukee, grain
elevators) _____ | <input type="checkbox"/> Pool Services _____ |
| <input type="checkbox"/> Golf course _____ | <input type="checkbox"/> Retail: (e.g. Discount,
hardware, grocery stores,
gas stations) _____ |
| <input type="checkbox"/> Graphic artists/x-ray Serv. _____ | |
| <input type="checkbox"/> Horticultural Enterprises _____ | |
| <input type="checkbox"/> Hospital _____ | |

OVER, PLEASE →

