

Environmental Resources Center

Hiram Smith Hall, Room 210
 1545 Observatory Drive
 Madison, WI 53706-1289

Phone: 608-262-0020
 Fax: 608-262-2031
 Internet: <http://www.uwex.edu/erc/>

**PERMANENT COLLECTION FACILITIES IN WISCONSIN
 ANNUAL SURVEY**

***NOTE: PLEASE INCLUDE A COPY OF CONTRACTOR INVOICES ALONG WITH
 THIS REPORT (if possible)

Facility Sponsor: _____ Year of Collection: _____

Person in Charge of Waste Collection Programs: _____

Phone: _____ Address: _____

Fax: _____

E-mail address: _____

Web page address: _____ EPA ID # _____

Contractor(s): _____

PROGRAM COSTS

- Total cost of the program per year, include all program costs such as: contractor services, maintenance, publicity, rent, waste disposal, salaries, educ. materials, staff, etc.
 \$ _____

- Does your program costs include: a) VSQG Yes No
 b) Agricultural Yes No

- Cost of Contractor(s) Services (technical, transportation) \$ _____

- Funding Sources: local state private (individual, organization) federal

- Population in program region: _____

[Households in program region, if available] _____

- Total number of HOUSEHOLDS participating in your collection program _____

- If available, please provide households participating by month.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

PLEASE CONTINUE IN NEXT PAGE ☺ ->

PROGRAM WASTES COLLECTED (Do not include VSQG amounts)

_____ CHECK if you collect waste from VSQGs (Very Small Quantity Generators) besides farms. Do not include VSQG information here, we will send you a separate form.

- Amount of **Household waste collected**: OBTAIN THESE NUMBERS FROM YOUR CONTRACTOR'S INVOICE. Contractor may include some or all of the following categories:

Total pounds as listed on Contractor's invoice*: _____

Total gallons as listed on Contractor's invoice*: _____

*If both gallons and pounds are provided please check correct answer:

- These values should be added together for the total amount of waste collected.
- The number of gallons listed above are already part of the pounds value as given; *count only the pounds value above* for the total amount of waste collected.

- Please **check** which wastes are accepted at your facility. If **available** indicate the total number of pounds of each type collected. Check waste disposal methods that apply in the next section.

WASTE ACCEPTED: TOTAL LBS/YEAR: WASTE ACCEPTED: TOTAL LBS/YEAR:

<input type="checkbox"/> Aerosol Cans	_____	<input type="checkbox"/> Lab Wastes	_____
<input type="checkbox"/> Corrosive Aerosols	_____	<input type="checkbox"/> Latex Paint	_____
<input type="checkbox"/> Pesticide Aerosols	_____	<input type="checkbox"/> Lead Acid Batteries	_____
<input type="checkbox"/> Antifreeze/Oil/Gasoline Mixtures	_____	<input type="checkbox"/> Lead/Oil-Based Paint	_____
<input type="checkbox"/> Asbestos	_____	<input type="checkbox"/> Mercury Containing Wst	_____
<input type="checkbox"/> Caustics/Corrosives	_____	<input type="checkbox"/> Miscellaneous	_____
<input type="checkbox"/> Chlorinated Solvents	_____	<input type="checkbox"/> NiCd Batteries	_____
<input type="checkbox"/> Non-Chlorinated Solvents	_____	<input type="checkbox"/> Organic Acid Labpacks	_____
<input type="checkbox"/> Computers	_____	<input type="checkbox"/> Organic Peroxides	_____
<input type="checkbox"/> Contaminated PPE	_____	<input type="checkbox"/> Oxidizers	_____
<input type="checkbox"/> Corrosives acids	_____	<input type="checkbox"/> PCBs	_____
<input type="checkbox"/> Corrosives bases	_____	<input type="checkbox"/> Pesticides/Poisons	_____
<input type="checkbox"/> Dioxins/2,4, 5-T	_____	<input type="checkbox"/> Poisons liquids	_____
<input type="checkbox"/> Explosives	_____	<input type="checkbox"/> Poisons solids	_____
<input type="checkbox"/> Flammable Gases	_____	<input type="checkbox"/> Radioactive Wastes	_____
<input type="checkbox"/> Flammable Liquids	_____	<input type="checkbox"/> Reactives	_____
<input type="checkbox"/> Flammable Solids	_____	<input type="checkbox"/> Sharps	_____
<input type="checkbox"/> Fluorescent Lamps	_____	<input type="checkbox"/> Waste Oil	_____
<input type="checkbox"/> Freon	_____	<input type="checkbox"/> Other (list type):	_____
<input type="checkbox"/> Heavy Metals	_____		

WASTE DISPOSAL METHODS (CHECK ALL THAT APPLY):

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Haz Wst Incineration | 4. <input type="checkbox"/> Treatment such as Neutralization | 6. <input type="checkbox"/> Storage |
| 2. <input type="checkbox"/> Secondary Fuel Incineration | 5. <input type="checkbox"/> Recycling | 7. <input type="checkbox"/> Product Exchange |
| 3. <input type="checkbox"/> Haz Waste Landfill | | 8. <input type="checkbox"/> Treatment: other |

Please return this form to Gaby Castro or Elaine Andrews at the ERC to the address above or via e-mail.