



STATE OF WISCONSIN VSQG HAZARDOUS WASTE DROP-OFF RECEIPT

Receipt # _____
(to be completed by WRR)

On _____, WRR Environmental Services Co., Inc., in the County of Eau Claire, received hazardous waste from _____, located in _____ County of Wisconsin.

CHEMICAL INVENTORY (photocopy if more copies needed)

Chemical Name	Container Size	Container Type	Weight or Number	Physical State	Hazard Class (if known)	WRR Use Only	Total Cost

Container Type: G = Glass M = Metal P = Plastic F = Fiber/Cardboard

Physical State of Chemical: S = Solid L = Liquid A = Aerosol

I, _____, certify that I am currently knowledgeable of the hazardous waste regulations as they pertain to my business and certify that the waste listed above was generated and transported by a "Very Small Quantity Generator" of hazardous waste as defined by 40 CFR 261.5 (<220 lb.. generated / month; storage of <2,205 lb.. of hazardous waste). I further certify that a copy of this receipt shall be kept in the business files at the place of hazardous waste generation for regulatory review for a minimum of three (3) years from said date.

Mail or fax to:
BJ Michalek
WRR Environmental Services Co., Inc.,
5200 Ryder Road
Eau Claire, WI 54701
Fax: (715) 836 8785
Email: bmichalek@wrres.com

Signature

Mailing Address

Company Name

City, State, Zip

Area Code & Phone Number