



For Office Use Only			
Date Rec'd _____	Approval # _____		
Price Code _____	Mgmt. Code _____		
Subcategory (circle)			
<b>Oil</b>	<b>Metal</b>	<b>Organic</b>	<b>Solid</b>
OK for Acceptance _____	Yes / No _____	Authorized by _____	

**AWS of WI**  
**ChemWorks®**  
 3801K McKinley Avenue  
 Milwaukee, WI 53208  
 (800) 842-9792

**AWS of IN**  
**ChemWorks II®**  
 5625 Old Porter Road  
 Portage, IN 46362  
 (800) 842-9792

**AWS of IL**  
**IPC Division**  
 44300 Boeing Drive  
 Rockford, IL 61109  
 (800) 842-9792

## The Food and Catch Basin Waste Certification

Please check the designated facility  ChemWorks Division  ChemWorks II Division  IPC Division \*

**A) Generator Information**

\*Permit requires waste be analyzed every 5 years.

Generator Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 State ID# \_\_\_\_\_  
 NAICS Code \_\_\_\_\_

(Correspondence will be sent to "Customer Name" address)  
 Customer Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**B) Waste Description**

1) Common Name of Wastes (check one)  Food Related Waste  Catch Basin Waste  
 2) US DOT Proper Shipping Name: Not Regulated  
 3) Process Generating Waste: \_\_\_\_\_  
 4) Method of Shipment  Tanker  Drum - Type/Size: \_\_\_\_\_  
 5) Amount/Frequency of Shipment:  One Time  Monthly  Annually  Other: \_\_\_\_\_  
 6) Waste is:  Commercial Process Waste  Food Related Waste  
 7) Waste Contains:  
 Water \_\_\_\_\_ % Solids \_\_\_\_\_ % Fats/Oils/Grease \_\_\_\_\_ % Other \_\_\_\_\_ % Other \_\_\_\_\_ % Total = 100%

**GENERATOR CERTIFICATION**

I, \_\_\_\_\_, hereby certify that I am familiar with the process generating the waste and that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties have been made and all known or suspected hazards have been disclosed. I also certify that the waste does not contain any constituent that would cause the waste to be regulated as a RCRA-Characteristic or Listed Hazardous Waste, a PCB TSCA waste or NRC-Regulated Radioactive waste. Further, the waste sample, if provided, is representative of the waste material described above.

Signature \* \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\* **Cannot be signed by an AWS employee.**

Approval #

**TRANSFORMING Today's Wastes Into Tomorrow's Resources™**