



University of Minnesota Duluth

Request for Permission to Dispose of Chemicals by Sewer or Trash (One chemical mixture/waste stream per request form)

Please Print:

Date: _____

Name: _____ Job Title: _____

Phone#: _____ Fax#: _____ E-mail address: _____

Department#: _____ Building#: _____ Room#: _____

Requesting Permission to: (check all that apply) sewer Trash

List Compounds and Concentrations in Percent: (attach additional sheets as necessary)

DDC#	CAS#	Compound Name	Percent Concentration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount to be disposed of on a daily basis: _____

Amount to be disposed of on a weekly basis: _____

Amount to be disposed of on an annual basis: _____

Amount of largest batch or single amount disposed: _____

Number of times single batch is to be disposed per year: _____

pH of soluble liquids: _____

Certification

This is to certify that the above named articles are properly classified and described. Improper information constitutes violation of federal law PL94-580, which could result in civil or criminal penalties.

Required Signature: _____ Date: _____

DO NOT DISPOSE OF CHEMICALS IN THE TRASH OR SEWER UNTIL YOU RECEIVE WRITTEN APPROVAL FROM THE UMD EHSO, 218-726-7273.

Mail or Fax this form to:

Campus Mail

Andrew Kimball
Env. Health and Safety Office
13-25 DADB

US Mail

Env. Health and Safety Office
13-25 DADB UMD
1049 University Drive
Duluth, MN 55812

Fax: 218-726-8127

Or email: ehso@d.umn.edu

For WLSSD Use Only:

Approval Granted

Approval Denied

Reason Denied: _____

Customer Notification Date: _____

Reviewer Name: _____