

VSQG Verification Form

Company Name:		
Address:		
Address:		
City:	State:	Zip:
Contact Name:	Contact Email:	
Contact Phone:		
Purpose:		
Business Hazardous Waste Ma Small Quantity Generator (VSQ by reference the federal hazard the program is to assist small be manage their hazardous wastes wastes to the City's sanitary sev Businesses who generate more	f Public Works is offering this servinagement Program. Businesses to (G) under the state's hazardous whous regulations under RCRA Subusinesses by providing an enviror swhile reducing or eliminating the wer system, City's regional sanital ethan 1 kg (2.2 lbs) of acutely haz azardous waste in a calendar mor ted as VSQGs.	that are classified as a Very vaste regulations, which adopt vitile C, are eligible. The goal of mentally friendly way to e disposal of these hazardous ry landfill, or the environment.
By signing this document, the g eligible to participate in this City	enerator verifies that they meet V /-funded program.	SQG requirements and are
Company Authorized Represen	itative:	
Printed Name:		
Signature:	Da	ate:
For more information about generator	requirements or generator status, please	contact the South Dakota Department

For more information about generator requirements or generator status, please contact the South Dakota Department of Environment and Natural Resources Waste Management Program/Hazardous Waste at 605-773-3153.

Please return completed form to:

MAIL	EMAIL	FAX
Business Hazardous Waste Management Program City Of Sioux Falls 1017 E Chambers St Sioux Falls, SD 57104	hmeier@siouxfalls.org	(605) 367-4886