

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

Date:		
Name:	Job Title:	
Phone #:	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)

CAS#	Compoun	d Name	Percent Concentration	
Include a Material Safety Data Sheet (MSDS) and any other product information available.				
Amount to be disposed	of: Daily We	eekly: Annua	lly:	
Amount of largest batch	n or single amount disposed:			
Number of times single	batch is to be disposed per year	r:		
pH of soluble liquids:				
Does the material have any color? Yes No If so, please describe:				
<u>Certification</u> This is to certify that the above named articles are properly classified and described. Improper information constitutes violation of state or federal law, 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.				
Submit Form to:		FOR ENVIRONMENTAL MA Approval: Granted:	NAGEMENT DEPARTMENT USE Denied:	
Environmental Manage 355 Cooper Drive				
Lexington, KY 40506		Reason Denied (if applicable	e):	
Telephone: 323-6280 pquisenb@uky.edu	; Fax: 323-6274			
pquiserine uky.euu		Customer Notification Date:		
		Reviewed By:	Approved By:	
		-		

Effective Date: July 29, 2010 J:\Environmental Management\Webpage\Drain Disposal Request.docx