

# NIASWA AREA HOUSEHOLD HAZARDOUS MATERIAL FACILITY

\_\_\_\_\_  
H H M Personnel

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Time

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone number

## Type of Material

## Quantity

Paint and Paint Products

25 or less

Pesticide

25 to 100

Automotive

Greater than 100

Mercury

5 gallon or larger

Unknown/Unlabeled

Other

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Total Weight

\_\_\_\_\_  
Total Cost

**NIASWA HHM  
Certification Form**

**“I hereby certify, that the waste described has in fact originated from a household, and not from a business, my own or otherwise. I further certify that all of the information provided on this form is accurate to the best of my knowledge. I realize this form may not release me from future liability for the waste, and that failure to provide accurate information may result in enforcement action under the authority of any applicable state or federal laws or regulations.”**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**