HAZARDOUS MATERIALS REGISTRATION

Section I. (To be filled out by Owner or Occupant)

Facility Address: _____

Company Name: _____ Phone: _____

Company Owner: _____ Phone: _____

Property Owner: _____ Phone: _____
(If different than above)
Emergency Contact: _____ Day/Night Phone: _____
Cellular Phone: _____

Section II.

☐ My facility stores hazardous materials in excess of fifty (50) gallons liquid volume, twenty-five (25) pounds dry weight, or two (2) pounds of priority pollutants.

☐ My facility does **not** store hazardous materials in excess of fifty (50) gallons liquid volume, twenty-five (25) pounds dry weight, or two (2) pounds of priority pollutants.

Name: _____ Signature: _____ Date: _____
(Please print) (Please sign)

Section III. (This section to be completed if you store Hazardous Materials as stated above)

Names of Substance: (Common & Chemical)	Amount Stored: (Max. Quantity)	Type of Container: (Const. Material)	Secondary Containment (Yes / No)	Location on Site: (Room/Area stored)

*** The location of all hazardous materials must be shown on an attached plan, along with copies of any permits and dates of installation for any underground tanks on site.**

**** Any increases in the amounts recorded above must be reported immediately to the Board of Health.**