

# VSQG Chemical Inventory/Program Registration

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| --- | --- |
| **Business/Generator Name:** |  |
| **Mailing/Street Address:** |  |
| **City, State, Zip Code:** |  |
| **Contact Persons:** |  | **Telephone:** |  |
| **County of Business/Residence:** |  |  **Business Fax:** |  |
| **E-Mail Address:** |  |

Please weigh your materials (in their containers). The quotation may be based upon the weight provided.

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| --- | --- | --- | --- |
| Waste Name**/Description** | Number of**Containers** | Container**Size** | Total AmountIn Pounds |
| Sample:  *Diazinon* | 3 | 1-gallon | 24 pounds |
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| **Free Technical Assistance is available to complete this form at 715-446-3101 EXT. 100.**Attach additional sheet(s) if necessary. Explosive and ordnance, radioactive material, and infectiouswastes will not be accepted.  |

**Please scan or e-mail this completed form to Julie.Groshek@co.marathon.wi.us;**

 **fax to (715) 446-2906, attention: Julie, or mail to:**

### Marathon County Solid Waste Department

###  Attn: Julie

### R18500 E. HIGHWAY 29

### Ringle, WI 54471

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