

**VERY SMALL QUANTITY GENERATORS (VSQG)  
CERTIFICATION FORM**

I certify that I am a hazardous waste generator within the State of Wisconsin and because of the small volume of hazardous waste generated and/or stored, I qualify for Very Small Quantity Generator (VSQG) status. I understand that to qualify for VSQG status, I must meet both of the following conditions (as defined by 40 CFR Section 261.5):

- 1. Generate less than 220 pounds per month (100 kg) of all other hazardous waste, and never store more than 2,200 pounds (1,000 kg) on the site at any time; and**
- 2. Generate less than 2.2 pounds per month (1 kg) of acute hazardous waste, and never store more than this amount on site at any time.**

I further understand that if, in the future, I exceed the quantity limitations described above, I will become subject to additional regulation as a hazardous waste generator and will no longer be eligible to participate in this type of collection program.

I, the undersigned, have read the above statements and understand the conditions and provisions that apply to the use of the La Crosse County HHM facility. I certify that I have the right to make these statements on behalf of my farm or business.

I also understand that my business will be invoiced for services provide by the HHM program. I further understand and agree that the County will assess a service fee of 1.5% per month on any balance which is past due. Payments are due 30 days from date of invoice.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address City State Zip

Site Address: \_\_\_\_\_  
(If different)

Contact Name/Title: \_\_\_\_\_

Phone and E-mail Address: \_\_\_\_\_

EPA Identification Number (if applicable) \_\_\_\_\_

Completed by La Crosse County Staff:

Checked Generator Status:  Date: \_\_\_\_\_ Initials: \_\_\_\_\_