

HAZARDOUS MATERIALS NOTIFICATION FORM

PROJECT # _____ STATION # _____

MUNICIPALITY OR COMMUNITY _____ COUNTY _____

FACILITY NAME _____

FACILITY ADDRESS _____

FACILITY PHONE # _____ OWNER'S PHONE # _____

ADEM REGISTRATION # _____

TYPE OF FACILITY [CHECK APPLICABLE RESPONSE(S)]:

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> GAS STATION | <input type="checkbox"/> SCRAP METAL | <input type="checkbox"/> FOUNDRY | <input type="checkbox"/> LANDFILL |
| <input type="checkbox"/> DRY CLEANER | <input type="checkbox"/> CHEMICAL PLANT | <input type="checkbox"/> MANUFACTURING | |
| <input type="checkbox"/> FERTILIZER PLANT | <input type="checkbox"/> WOOD TREATING PLANT | | |
| <input type="checkbox"/> FARMER'S COOPERATIVE | <input type="checkbox"/> PLANTING PLANT | | |
| <input type="checkbox"/> AUTO PARTS WITH ENGINE REPAIR SHOP | <input type="checkbox"/> LEATHER TANNERY | | |
| <input type="checkbox"/> OTHER (SPECIFY): _____ | | | |

COMMENTS: _____

INSPECTOR'S NAME: _____ DATE: _____

SUPERVISOR'S SIGNATURE _____

COUNTY ENGINEER