

Notice: This voluntary form is intended as an aid for use by Generators and Responsible Parties in determining whether *contaminated soil or groundwater and wastes* encountered or generated during the remediation of contaminated sites in Wisconsin are or would be listed or characteristic hazardous wastes subject to regulation under ch. 291, Wis. Stats. and chs. NR 600 to 690, Wis. Adm. Code. There are no penalties for failure to provide information requested. Personally identifiable information collected will be used for program management. Wisconsin's Open Records law requires the Department to provide this information upon request [ss. 19.31 - 19.69, Wis. Stats.].

Listing determinations are often particularly difficult in the remedial context because the listings are generally identified by the sources of the hazardous wastes rather than the concentrations of various hazardous constituents. Therefore, analytical testing alone, without information on a waste's source, will not generally produce information that will conclusively indicate whether a given waste is a listed hazardous waste. Generators and Responsible Parties should use available site information such as material safety data sheets (MSDS's), manifests, vouchers, bills of lading, sales and inventory records, accident reports, spill reports, inspection reports, and other available information. It may also be necessary to conduct interviews of current or former personnel who would have knowledge of the processes and hazardous materials used including waste handling or past spills in an effort to ascertain the sources of wastes or contaminants.

Where a person makes a good faith effort to determine if a material is a listed hazardous waste but cannot make such a determination because documentation regarding a source of contamination, contaminant, or waste is unavailable or inconclusive, EPA has stated that one may assume the source, contaminant or waste is not listed hazardous waste and, therefore, provided the material in question does not exhibit a characteristic of hazardous waste, RCRA requirements do not apply.

Generator Information

Generator's Name	Preparer's Name
Address	Address
City, State and ZIP Code	City, State and ZIP Code
Telephone Number	Telephone Number

Site Information

Site Name	Other name(s) site is known by
Address	County
Located in the City, Town or Village ZIP Code	

Hazardous Waste Determination Information Reviewed

Listed Hazardous Waste Determination

Manifests reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available	Vouchers reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available
Bills of lading reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available	Sales and inventory records reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available
Material safety data sheets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available	Accident reports reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available
Spill reports reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available	Inspection reports reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available
DNR's case files reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available	Interviewed current and/or former employees who are likely to know about the use and/or disposal of the chemical or waste of concern (not just managers). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available

**Remediation Site
Hazardous Waste Determination**

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Hazardous Waste Determination Information Reviewed (continued)

Other information considered (provide description)

Yes

No

None Found

None Available

Characteristic Hazardous Waste Determination

Identified location(s)

Testing results

Certification

I certify that the information documented above in the "Information reviewed to make a hazardous waste determination" section was developed and used as part of a good faith effort to make a hazardous waste determination. Reasonable diligence was used in collecting the information, evaluating the information, and using the compiled information. I certify that this document is true and correct to the best of my knowledge, and that I have authority to make this certification.

Name and Title

Signature

Date