

**REQUEST FOR FEE RELIEF FOR ABANDONED HAZARDOUS WASTE**

To be considered for fee relief, all requested information must be provided.

Name of Reporter \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Who did you contact at DEQ? \_\_\_\_\_

When did you contact DEQ? \_\_\_\_\_

DEQ/EPA Identification #

Generator status at time of discovery of abandoned hazardous waste

LQG     SQG     CEG     Not a Generator

Address/location where abandoned waste was found: \_\_\_\_\_

Date abandoned hazardous waste was found: \_\_\_\_\_

Describe circumstances of how you found the abandoned waste.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe attempts you made to locate the owner of the waste. (Please detail agencies, sheriff, companies, etc. you contacted. Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had abandoned waste before?     Yes     No

Please describe last incident. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quantity: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Was the waste shipped off-site under manifest?     Yes     No

If NO,    Who was the contractor? \_\_\_\_\_

Who was the transporter? \_\_\_\_\_

**ABANDONED HAZARDOUS WASTE DESCRIPTION**

Hazardous Waste Codes	Quantity	Unit	Liquid	Solid	Gas	Management System Code	Name & EPA ID of Facility that will or has Received the Hazardous Waste
1							
2							
3							
4							
5							

\*Units: P = pounds; K= kilograms; G = gallons; L = liters; C = cubic yards.

I am not the generator of the waste described herein, and have no knowledge of the generator or owner of the waste. I have managed the waste according to applicable hazardous waste regulations. The information submitted in this document is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

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

Mail completed form to:

**Hazardous Waste Forms Clerk  
Oregon DEQ  
Waste Management & Cleanup Division  
811 SW 6<sup>th</sup> Ave.  
Portland, OR 97204-1390**

**DEQ Use Only**

<b>RCVD:</b> _____ <b>LOGGED:</b> _____ <b>CCTO:</b> _____ <b>APPROVED BY:</b> _____ <b>DENIED BY:</b> _____
--