

**GOFFSTOWN HOUSEHOLD HAZARDOUS WASTE
COLLECTION & STORAGE FACILITY
PRE-REGISTRATION FORM**

Date: _____

Name: _____

Phone Number with Area Code: _____

Address: _____

Transfer Station Permit # _____

Type of Waste and Quantity:

Paint/Stains: Qty _____ Gal. _____ Qts. Pesticides: Qty _____

Pool Chemicals: Qty _____ Cleaning Chemical: Qty _____

Gasoline/Solvents: Qty _____ Mercury Related: Qty _____

Aerosols: Qty _____ Acids: Qty _____

Miscellaneous: Qty _____

Unacceptable materials:

- Radioactive Materials (return smoke detectors to manufacturer)
- Explosives, Fireworks
- Ammunition, Firearms
- Certain Dioxins (100% Penta, 2,4,5-T, Silvex)
- Protective Coatings & Stains (other options are available)
- Asbestos (call for more information)
- Gas Cylinders (other than aerosols), and other pressurized containers
- PCB's (Polychlorinated Biphenyls)
- Reactives and pressure-sensitive materials
- Infectious and pharmaceutical wastes and controlled substances (drugs)
- Fire Extinguishers
- Unknown chemicals

PLEASE CALL (603) 497-4824 TO SCHEDULE AN APPOINTMENT.



Goffstown Household Hazardous Waste Exit Survey

1. How did you hear about this collection?
 Newspaper Flyer Web-site GTV School Children
 Other
2. In the past year, has anyone in your home used an insecticide other than bug spray?
 Yes No Not sure
3. When purchasing products, do you check labels for toxic ingredients?
 Yes No Sometimes
4. Have you visited any household hazardous waste Web-pages?
 Yes No
5. Are you aware that all fluorescent lights (tubes and bulbs) and devices containing mercury are banned from being disposed of as trash?
 Yes No
6. Have you moved to a new home or residence within the past year?
 Yes No
7. Were there any hazardous products, such as paint, pesticides or cleaners left by the previous owner?
 Yes No Not sure
8. Have you participated in the Goffstown Household Hazardous Waste Collection Program prior to today?
 Yes No
9. Comments/Concerns: