

2011 MONTANA BIENNIAL LARGE QUANTITY HAZARDOUS WASTE (HW) GENERATOR REPORT

State Use Only	Inspector:
RCRAInfo	<input checked="" type="checkbox"/> NRR
CEDARS	

This report is for the calendar year ending December 31, 2011. Please read all instructions in the 2011 Hazardous Waste Report Instructions Booklet before making any entries on the form. PLEASE TYPE / PRINT

PART ONE Generator Information (See Instructions)

Mailing Date: January 3, 2012

I	REASON FOR SUBMITTAL	<input type="checkbox"/> Provide Subsequent Notification (to update site information) <input checked="" type="checkbox"/> Component of the Hazardous Waste Report <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of HW, > 1 kg of acute HW, or > 100 kg of acute HW spill cleanup in one or more months of the report year (or State equivalent LQG regulations)			2011 REGISTERED STATUS
II	EPA ID #				
III	SITE NAME				
IV	CURRENT REGULATED WASTE ACTIVITIES (as of the date submitting this form)	<input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Short Term/One-Time <input type="checkbox"/> Importer of HW <input type="checkbox"/> Mixed Waste Generator <input type="checkbox"/> HW Transporter <input type="checkbox"/> Transfer Facility <input type="checkbox"/> Treater, Storer, or Disposer of HW <input type="checkbox"/> Recycler of HW <input type="checkbox"/> Small Quantity On-Site Burner Exemption <input type="checkbox"/> Smelting, Melting & Refining Furnace Exemption <input type="checkbox"/> Underground Injection Control <input type="checkbox"/> Receives HW from Off-site	<input type="checkbox"/> Large Quantity Handler of Universal Waste (UW) Types of UW Accumulated/Managed: <input type="checkbox"/> Batteries <input type="checkbox"/> Lamps <input type="checkbox"/> Pesticides <input type="checkbox"/> Mercury containing equipment <input type="checkbox"/> Destination Facility for Universal Waste	<input type="checkbox"/> Used Oil (UO) Transporter <input type="checkbox"/> UO Transfer Facility <input type="checkbox"/> UO Processor <input type="checkbox"/> UO Re-refiner <input type="checkbox"/> Off-Specification UO Burner <input type="checkbox"/> Marketer Who Directs Shipment of Off-Specification UO to Off-Specification UO Burner <input type="checkbox"/> Marketer Who First Claims the UO Meets the Specifications	
		<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
V	LAND TYPE				
VI	NAICS				
VII	SITE LOCATION ADDRESS	Address			
		City	State	MT	
		Zip			
VIII	SITE MAILING ADDRESS	Address			
		City	State		
		Zip			

IX	CONTACT PERSON First MI Last							
	TITLE							
	TELEPHONE	EXTENSION						
	MAILING ADDRESS	Address						
		City	State					
		Zip						
	FAX NUMBER	EMAIL						
	ALTERNATE CONTACT First MI Last							
	TITLE							
TELEPHONE	EXTENSION							
EMAIL								
X	LEGAL OWNER Business or First & Last Name							
	TYPE		<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other					
	MAILING ADDRESS	Address						
		City	State					
		Zip						
TELEPHONE	DATE BECAME OWNER							
XI	OPERATOR Business or First & Last Name							
	TYPE		<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other					
	DATE BECAME OPERATOR							
XII	COMMENTS							
XIII	CERTIFICATION	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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. (40 CFR 270.11). ▼ (Please Type or Print) ▼						
Name First MI Last				Signature		Date Signed (mm/dd/yyyy)		
Title								

PART TWO – Waste Identification (See Instructions) (Please make copies of this sheet for additional pages)

Line #	A Description of Waste	B EPA Hazardous Waste Codes (D001, D002...)	C		E Quantity Generated	F Unit of Measure		G Waste Minimization Code (see Instructions, page 5)	*H On-Site Process		I Receiving Facility (R) EPA ID Number (#)	J Off-site Management Method (H___)	K Quantity Shipped
			Source Code (G__)	Management Method for Code G25		D Form Code (W___)	Density		Management Method (H___)	Quantity			
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		System 1	System 1	R 1 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		System 2	System 2	R 2 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				R 3 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		System 1	System 1	R 1 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		System 2	System 2	R 2 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				R 3 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		System 1	System 1	R 1 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		System 2	System 2	R 2 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				R 3 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		System 1	System 1	R 1 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		System 2	System 2	R 2 #		
							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				R 3 #		

Comments

* Complete Column H if any of this waste that was generated at this facility was treated, disposed, and/or recycled on-site.
Revised 2011

EPA ID NUMBER:

-- GENERATOR NAME:

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PART THREE – Waste Received From Off-Site (See Instructions) (Please make copies of this sheet for additional pages)								
Line #	A Description of Waste	B EPA Hazardous Waste Codes (D001, D002...)	C Off-site Handler EPA ID Number	D Quantity Received in 2011	E Unit of Measure		F Form Code (W_ _ _)	G Management Method Code (H_ _ _)
					Density			
						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
Comments								



Brian Schweitzer, Governor
Richard H. Opper, Director

P.O. Box 200901 • Helena, MT 59620-0901 • (406) 444-2544 • www.deq.mt.gov

January 3, 2012

TO: HAZARDOUS WASTE GENERATORS

FROM: MARK HALL *Mark C Hall*
HAZARDOUS WASTE SECTION SUPERVISOR

SUBJECT: BIENNIAL LARGE QUANTITY HAZARDOUS WASTE GENERATOR REPORT FOR CALENDAR YEAR 2011

The Administrative Rules of Montana (ARM) regulations require large and small generators of hazardous waste to file an annual report by March 1 for the previous calendar year's activities (i.e. calendar year 2011 report is due no later than March 1, 2012). Large generators are required to file a biennial report required by the U.S. Environmental Protection Agency for calendar year 2011.

Enclosed are the forms and instructions for completing your biennial hazardous waste report for calendar year 2011. These forms will look similar to your annual State report. Please read the instructions very carefully so that your report will accurately reflect your 2011 activities. Complete all sections that relate to your hazardous waste activities. These forms are also located on the Department of Environmental Quality (DEQ), Hazardous Waste Program's website at <http://deq.mt.gov/hazwaste/hazformsreport.mcp.x>.

Part One of the forms is a version of the "RCRA Subtitle C Site Identification Form." Please make all appropriate updates in the shaded areas. Don't forget to fill out Part Two, the Waste Identification Form for waste generated and managed, and Part Three, Waste Received from Off-Site Form, if applicable.

Revisions or Additions to 2011 Report and/or Instructions:

- added Alternate Contact information
- clarified definition for Short Term/One-Time Generator
- added information on how to report waste exported to foreign countries
- revised instructions on how to report several shipments of same waste stream generated and shipped to single/multiple receiving facilities by single/multiple transporters
- new DEQ inspector – Brady Christensen replacing Bob Reinke
- new DEQ contact email address
- see page two for new or revised codes (source and form)

If you opt for electronic submission, please send your completed report in **Word** format to DEQ.HazWaste.

The report must be submitted to this office by March 1, 2012. **You may be subject to enforcement action if you do not file by that date.** Send the report to:

Waste and Underground Tank Management Bureau
Hazardous Waste Section
P.O. Box 200901
Helena, MT 59620-0901
[DEQ HAZARDOUS WASTE SECTION \(deqhazwaste@mt.gov\)](mailto:DEQ.HAZARDOUS.WASTE.SECTION@mt.gov)
)

An invoice for the assessment of the annual hazardous waste registration fee will be mailed in May 2012.

If you have any questions, or encounter difficulties in completing the report, please contact: Iver Johnson (ILJ), (406) 444-5852 or Brady Christensen (BDC), (406) 444-1435 of the Hazardous Waste Regulatory Unit. The DEQ inspector is listed in Part One, Section II of your 2011 Hazardous Waste Report.

New or Revised Codes

Source Codes:

G11- revised	Discarding off-specification, out-of-date, and/or unused chemicals or products
G24- revised	Solvent or product distillation (sludge, waste solvent)
G25- revised	Hazardous waste management - indicate management method (for residuals from regulated hazardous waste processes - enter the related H code)

Form Codes:

W005- new	Waste pharmaceuticals
W206- revised	Waste oil managed as hazardous
W406- new	Dried paint (paint chips, filters, air filters, other)