

2011 MONTANA TREATMENT, STORAGE AND DISPOSAL FACILITY ANNUAL REPORT FORM

This report is for the calendar year ending December 31, 2011. Please read all instructions in Instruction Booklet carefully.
PLEASE TYPE / PRINT

State Use Only
RCRAInfo; <input checked="" type="checkbox"/> FRR <input checked="" type="checkbox"/> NRR
CEDARS:
File Name:

PART ONE GENERAL INFORMATION

Mailing Date: January 3, 2012

I	NON-REGULATED STATUS	Did this facility treat, store (for greater than accumulation time limits pursuant to 40 CFR 262.34), or dispose of regulated quantities of hazardous waste at any time during 2010?	<input type="checkbox"/> Yes	If YES , fill out Parts One through Three, as appropriate and return to DEQ.			
			<input type="checkbox"/> No	If NO , fill out Part One only and return to DEQ.			
		This Facility's Non-Regulated Status is expected to apply:	<input type="checkbox"/> For 2011 Only	<input type="checkbox"/> Permanently	<input type="checkbox"/> Other		
	Explain your non-regulated status						
II	FACILITY EPA ID #	DEQ PERMITTER					
III	FACILITY NAME						
IV	FACILITY LOCATION ADDRESS	Address					
		City State					
		Zip					
V	CONTACT PERSON						
	First Last						
	TITLE						
	TELEPHONE	EXTENSION					
	MAILING ADDRESS	Address					
		City	State	MT			
Zip							
FAX NUMBER							
EMAIL							
VI	ALTERNATE CONTACT						
	First Last						
	TITLE						
	TELEPHONE	EXTENSION					
EMAIL							
VII	COST ESTIMATES		Regulated Units:	Closure \$	Post Closure \$		
			Facility Wide Corrective Action \$				
VIII	CERTIFICATION						

▼ Please Type or Print ▼

Name First Last		Signature	Date Signed (mm/dd/yyyy)
Title			

PART TWO WASTE IDENTIFICATION AND FINAL MANAGEMENT

IX. Generated On-Site

Check box if waste was generated and treated, stored (for greater than accumulation time limits pursuant to 40 CFR 262.34), or disposed at your facility, then enter "NA" in Sections X, XI, and XII.

XI. Generator Name

(Specify generator from whom all wastes listed on this page were received)

XII. Generator Address

(Street or P.O. Box)

X. Generator EPA ID Number _____

(Enter Generator 12 digit EPA ID No.)

(City or Town)

(State)

(Zip Code)

XIII. A		B		C	D	E	F
Line #	Description of Waste	EPA Hazardous Waste Codes		Last or Final Management Method	Final Management Location	Amount of Waste	Unit of Measure
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		

XIV. COMMENTS:

(Make copies of this sheet for additional pages.)

PART THREE		TOTAL WASTE IN STORAGE ON DECEMBER 31, 2011					
XV.	<input type="checkbox"/>	No Waste was in storage on December 31, 2011 Check this box if NO hazardous waste was in storage at your facility on December 31, 2011.					
	<input type="checkbox"/>	Waste was in storage on December 31, 2011 Check this box if hazardous waste was in storage at your facility on December 31, 2011, then fill out Section XVI.					
XVI.	A	B		C	D	E	F
Line #	Description of Waste	EPA Hazardous Waste Codes		Storage Process Code	Amount of Waste	Unit of Measure	Year Waste Placed in Storage
				S			
				S			
				S			
				S			
				S			
				S			
				S			
				S			
XVII.	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: TREATMENT, STORAGE AND DISPOSAL (TSD) FACILITIES

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

SUBJECT: ANNUAL TSD FACILITY REPORT FOR CALENDAR YEAR 2011

The Administrative Rules of Montana (ARM) require that treatment, storage and disposal (TSD) facilities file an annual report by March 1 for the previous calendar year's hazardous waste activities.

Enclosed are the forms and instructions for completing your annual report for calendar year 2011. Complete all sections that relate to your hazardous waste activities. Make any changes or additions to the forms in the shaded areas. These forms, in Word and Adobe (PDF) format, are also located on the Department of Environmental Quality (DEQ), Hazardous Waste Program's website at:

[HTTP://DEQ.MT.GOV/HAZWASTE/HAZFORMSREPORT.MCPX](http://DEQ.MT.GOV/HAZWASTE/HAZFORMSREPORT.MCPX).

Revisions to the 2011 Report

- A line for an Alternate Contact email address has been added

Electronic Submission

- If you choose to send the 2011 Annual TSD Report to DEQ electronically, please submit the report in a Microsoft Word format.

Reports 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.** Please mail or email the report to:

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

If you have any questions or encounter difficulties in completing the TSD Facility report, please contact your DEQ Facility Project Manager; Ann Kron (406) 444-5824; Denise Kirkpatrick (406) 444-3983; or Rebecca Holmes (406) 444-2876 of the Hazardous Waste Permitting Unit.