

2019 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, 2019. Please read all instructions in the 2019 Hazardous Waste Report Instructions Booklet before making any entries on the form. PLEASE TYPE / PRINT

PART ONE Generator Information (See Instructions) Mailing Date: January 2, 2020

I	REASON FOR SUBMITTAL	<input type="checkbox"/> Provide Subsequent Notification (to update site information) <input type="checkbox"/> Component of the Hazardous Waste Report <input type="checkbox"/> Site was a TSD facility and/or generator of ≥ 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)	2019 REGISTERED STATUS LQG
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II	EPA ID # / DEQ CONTACT	
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III	SITE NAME	
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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
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V	LAND 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
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VI	NAICS	
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VII	SITE LOCATION ADDRESS	Address	
		City State	
		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 <i>Is this Remediation Waste? Place 'X' in box if Yes</i>	B <i>Description of Waste</i>	C <i>EPA Hazardous Waste Codes (D001, D002...)</i>	D		E <i>Form Code (W____)</i>	F <i>Quantity Generated</i>	G		*H <i>Waste Minimization Code (see Instructions, page 5)</i>	I		J <i>Receiving Facility (R) EPA ID Number (#)</i>	K <i>Off-site Management Method (H____)</i>	L <i>Quantity Shipped</i>
				<i>Source Code (G__)</i>	<i>Management Method for Code G25</i>			<i>Density</i>	<i>Unit of Measure</i>		<i>Management Method (H____)</i>	<i>Quantity</i>			
	<input type="checkbox"/>							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			System 1	System 1	R 1 #		
											System 2	System 2	R 2 #		
													R 3 #		
	<input type="checkbox"/>							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			System 1	System 1	R 1 #		
											System 2	System 2	R 2 #		
													R 3 #		
	<input type="checkbox"/>							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			System 1	System 1	R 1 #		
											System 2	System 2	R 2 #		
													R 3 #		
	<input type="checkbox"/>							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			System 1	System 1	R 1 #		
											System 2	System 2	R 2 #		
													R 3 #		
	<input type="checkbox"/>							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			System 1	System 1	R 1 #		
											System 2	System 2	R 2 #		
													R 3 #		

Comments

* Complete Column I if any of this waste that was generated at this facility was treated, disposed, and/or recycled on-site.
 Revised 2019

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 2019	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		
						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

Comments