

PART TWO WASTE IDENTIFICATION AND FINAL MANAGEMENT

IX.	<input type="checkbox"/> Generated On-Site Check if waste was generated <i>and</i> 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.	Off-Site Generator Name <small>(Specify generator from whom all wastes listed on this page were received)</small>
		XII.	Off-Site Generator Address <small>(Street or P.O. Box)</small>
X.	Off-Site Generator EPA ID Number _____ <small>(Enter Generator 12 digit EPA ID No.)</small>		_____ <small>(City or Town) (State) (Zip Code)</small>

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

XIV.	COMMENTS: _____ _____
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