



Montana Department of Environmental Quality

Waste & Underground Tank Management Bureau • Hazardous Waste Program • P.O. Box 200901 • Helena MT 59620-0901 • (406) 444-5300

HALOGENATED SOLVENT USER REGISTRATION FORM

State Use Only:

Registration # _____

Company / Agency Name: _____

Mailing Address: _____

(Street or P.O. Box)

(City or Town)

(State)

(Zip)

Estimated quantity of halogenated solvents used annually (in gallons): _____

Waste Disposal Method (check all that apply):

Shipment to an approved hazardous waste treatment, storage, or disposal facility

Disposal in a licensed sanitary landfill.

Discharge to municipal sewer system.

On-site disposal (discharge to a septic tank, dry well, lagoon or other industrial sewer).

On-site reclamation (distillation, etc.). Explain disposition of still bottoms or other residuals generated from reclamation. _____

Shipment to an off-site recycling facility.

Other disposal methods. Describe: _____

Number of cards requested: _____

CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and believe this information to be true, accurate and complete.

Name / Title: _____ (Name - please print or type) _____ (Title)

Signature / Date: _____ (Signature) _____ (Date)

Name of Contact Person: (To whom we may direct questions regarding solvent use at your business)

Name / Title: _____ (Name - please print or type) _____ (Title)

Telephone Number: () _____ Email: _____