

# 2016 MONTANA TREATMENT, STORAGE AND DISPOSAL FACILITY ANNUAL REPORT FORM

This report is for the calendar year ending December 31, 2016. Please read all instructions 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, 2017

<b>I.</b>	<b>Regulated Status</b>	At any time during 2016, 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?	<input type="checkbox"/> Yes	If <b>YES</b> , fill out Parts One through Three, as appropriate and return to DEQ.
			<input type="checkbox"/> No	If <b>NO</b> , fill out Part One only and return to DEQ.

<b>II.</b>	<b>FACILITY EPA ID #</b>		<b>DEQ Project Manager</b>	
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<b>III.</b>	<b>FACILITY NAME</b>	
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<b>IV.</b>	<b>FACILITY LOCATION ADDRESS</b>	Address	
		City	State <b>MT</b>
		Zip	

<b>V.</b>	<b>CONTACT PERSON</b>			
	First   Last			
	<b>TITLE</b>			
	<b>TELEPHONE</b>	<b>EXTENSION</b>		
	<b>MAILING ADDRESS</b>	Address		
		City	State	
		Zip		
<b>FAX NUMBER</b>				
<b>EMAIL</b>				

<b>VI.</b>	<b>ALTERNATE CONTACT</b>			
	First   Last			
	<b>TITLE</b>			
	<b>TELEPHONE</b>	<b>EXTENSION</b>		
<b>EMAIL</b>				

<b>VII.</b>	<b>COST ESTIMATES</b>	Regulated Units: Closure \$	Post Closure \$
		Facility Wide Corrective Action \$	

**VIII. 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 ▼

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