

## Annual Montana Commercial Transfer Facility Report

Due by March 1 of each year

<b>Facility EPA Identification Number</b>			
<b>Facility Name</b>			
<b>Address/City/State/Zip</b>			
<b>Calendar Year Covered by Report</b>			
<b>Summary of Hazardous Wastes Handled</b> by EPA Hazardous Waste Code	<b>Hazardous Waste Code</b>	<b>Quantitative Waste Totals</b>	
<b>Summary of Occurrence,</b> Include legible copy of pertinent waste manifest(s) for hazardous wastes involved in incident	<b>Type:</b> leak, spill, fire, or other similar incident (describe)	<b>Response actions taken</b>	<b>Cause of incident</b>

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and where I haven't personally obtained the information, I have made inquiry of those individuals immediately responsible for obtaining the information, about the truth and accuracy of the information contained in this document. I certify that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_

Printed NameSignatureTitleDate

\_\_\_\_\_

E-mail address for future report notifications

Send completed report to:

MT Dept. of Environmental Quality  
Hazardous Waste Program (HWP)  
PO Box 200901  
Helena, MT 59620-0901

Any questions, please contact HWP at (406) 444-5300.