

PART TWO		Waste Identification and Final Management						Please make copies of this sheet for additional pages		
VIII	<input type="checkbox"/> Generated On-Site Check if waste was generated <u>and</u> treated, stored (for greater than accumulation time limits pursuant to 40 CFR 262.16(b) or 262.17(a)), or disposed at your facility, then enter "N/A" in Sections IX, X, and XI.			IX	Off-Site Generator Address	Address				
	City		State							
	Zip									
X	Off-Site EPA ID				XI	Off-Site Generator Name				
	A		B		C		D	E	F	
Line No.	Waste Description		Hazardous Waste Codes (Federal)		Last or Final Management Method		Last or Final Management Location	Quantity	Unit of Measure	
									Density Only for G and CY	
							<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site			
							<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site			
							<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site			
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COMMENTS										