

2024 Montana Hazardous Waste Generator Annual Report This report is for the calendar year ending December 31, 2024. Please read all instructions in the 2024 Hazardous Waste Report Instruction Booklet before making any entries on the form. PLEASE TYPE/PRINT	<i>State Use Only: Inspector</i> <i>State Use Only: Data Control</i>
PART ONE	Mailing Date: January 2, 2025

I	REASON FOR SUBMITTAL	<input type="checkbox"/> Component of the Hazardous Waste Report <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of HW, > 1 kg of acute HW, or > 100 kg of acute HW spill cleanup <u>in one or more months</u> of 2024 <input type="checkbox"/> Provide subsequent notification (to update site information)
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II	SITE EPA ID NUMBER	
III	SITE NAME	

IV	SITE LOCATION ADDRESS	Street Address		
		City, Town, or Village		County
		State	Country	Zip Code
		Latitude	Longitude	<input type="checkbox"/> Use Lat/Long as Primary Address

V	SITE MAILING ADDRESS	Street Address	
		City, Town, or Village	
		State	Country

VI	SITE LAND TYPE	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other
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VII	NAICS CODE(S) FOR THE SITE	A. (Primary)	C.
		B.	D.

VIII	SITE CONTACT INFORMATION	First Name	MI	Last Name
		Title		
		Street Address		
		City, Town, or Village		
		State	Country	Zip Code
		Email		
		Phone	Ext	Fax

IX	NAME OF SITE'S LEGAL OWNER	Full Name		Date Became Owner (mm/dd/yyyy)
		Owner Type		
		<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
		Street Address		
		City, Town, or Village		
		State	Country	Zip Code
		Email		
		Phone	Ext	Fax
Comments				

X	NAME OF SITE'S LEGAL OPERATOR	Full Name		Date Became Operator (mm/dd/yyyy)			
		Operator Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other					
		Street Address					
		City, Town, or Village					
		State		Country		Zip Code	
		Email					
		Phone		Ext		Fax	
		Comments					

XI	CURRENT REGULATED WASTE ACTIVITIES	<input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> VSG <input type="checkbox"/> Non-Generator <input type="checkbox"/> Closed <input type="checkbox"/> Inactive	<input type="checkbox"/> Underground Injection Control <input type="checkbox"/> US Importer of HW <input type="checkbox"/> Recognized Trader <input type="checkbox"/> Importer/Exporter of SLABs	<input type="checkbox"/> Operating Under 40 CFR 266 Subpart P <input type="checkbox"/> Withdrawing from Subpart P
		<input type="checkbox"/> Treater, Storer, or Disposer of HW <input type="checkbox"/> Receives HW from Off-Site <input type="checkbox"/> Recycler of HW <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> Transporter of HW <input type="checkbox"/> Transporter <input type="checkbox"/> Transfer Facility	<input type="checkbox"/> Large Quantity Handler of Universal Waste <input type="checkbox"/> Destination Facility for Universal Waste <input type="checkbox"/> Used Oil Transporter <input type="checkbox"/> Transporter <input type="checkbox"/> Transfer Facility <input type="checkbox"/> Used Oil Processor and/or Re-refiner <input type="checkbox"/> Off-Specification Used Oil Burner <input type="checkbox"/> Used Oil Fuel Marketer	<input type="checkbox"/> Operating Under 40 CFR 262 Subpart K <input type="checkbox"/> Withdrawing from Subpart K

XII	FEDERAL WASTE CODES						

XIII	COMMENTS	(Include item number for each comment)
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XIV	CERTIFICATION	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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 fines and imprisonment for knowing violations. (40 CFR 270.11)
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Signature of legal owner, operator, or authorized representative		Date (mm/dd/yyyy)
Printed Name (First, Middle Initial, Last)		Title
Email		

Questions? Please contact the Hazardous Waste Program at (406) 444-5300 or deghazwaste@mt.gov

An electronic copy of this reporting form, in PDF, is available on the DEQ Hazardous Waste website:
<https://deq.mt.gov/twr/assistance>

EPA ID:		SITE NAME:					PAGE OF	
PART TWO		Waste Identification (see instructions for further details)				Please make copies of this sheet for additional pages		
	A	B	C	D	E	F	G	H
Line No.	Remediation Waste?	Description of Waste	EPA Hazardous Waste Codes	Quantity Generated	Unit of Measure	Waste Minimization Code	Receiving Facility EPA ID	Quantity Shipped
					Density Only for G and CY			
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
COMMENTS								