

2024 Montana Treatment, Storage, and Disposal Facility 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	State Use Only: Inspector State Use Only: Data Control
PART ONE: GENERAL INFORMATION	Mailing Date: January 2, 2025

I	REGULATED STATUS	At any time during 2024 did this facility treat, store (for greater than accumulation time limits pursuant to 40 CFR 262.16(b) or 262.17(a)), or dispose of regulated quantities of hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , fill out Part One through Three, as appropriate, and return to DEQ. If NO , fill out Part One, as appropriate, and return to DEQ.
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 CONTACT INFORMATION	First Name	MI	Last Name
		Title		
		Street Address		
		City, Town, or Village		
		State	Country	Zip Code
		Email		
		Phone	Ext	Fax

VI	COST ESTIMATES	Regulated Units: Closure \$	Regulated Units: Post Closure \$
		Facility Wide Corrective Action \$	

VII	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>

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
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	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
				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		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		
				<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		

COMMENTS	
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