

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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