

2020 MONTANA LARGE OR SMALL QUANTITY HAZARDOUS WASTE GENERATOR REPORT							State Use Only		Inspector:					
This report is for the calendar year ending December 31, 2020. Please read all instructions in the 2020 Hazardous Waste Report Instructions Booklet before making any entries on the form. PLEASE TYPE / PRINT							RCRAInfo NRR							
PART ONE Generator Information (See Instructions)							Mailing Date: January 4, 2021		CEDARS					
I	REASON FOR SUBMITTAL		<input checked="" type="checkbox"/> Component of the Hazardous Waste Report <input type="checkbox"/> Site was a TSD facility and/or generator of ≥ 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 the report year (or State equivalent LQG regulations) <input checked="" type="checkbox"/> Provide Subsequent Notification (to update site information)				2020 REGISTERED STATUS							
					SQG									
II	EPA ID #	DEQ CONTACT	MTR123456789				Area 2							
III	SITE NAME		ABC COMPANY LLC				ABC COMPANY INC							
IV	CURRENT REGULATED WASTE ACTIVITIES (as of the date submitting this form)		<input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Short Term/One-Time <input type="checkbox"/> Non-Handler <input type="checkbox"/> Out of Business <input type="checkbox"/> Importer of HW <input type="checkbox"/> Mixed Waste Generator <input type="checkbox"/> HW Transporter <input type="checkbox"/> Transfer Facility <input type="checkbox"/> Treater, Storer, or Disposer of HW <input type="checkbox"/> Recycler of HW <input type="checkbox"/> Small Quantity On-Site Burner Exemption <input type="checkbox"/> Smelting, Melting & Refining Furnace Exemption <input type="checkbox"/> Underground Injection Control <input type="checkbox"/> Receives HW from Off-site		<input type="checkbox"/> Large Quantity Handler of Universal Waste (UW) Types of UW Accumulated/Managed: <input type="checkbox"/> Batteries <input type="checkbox"/> Lamps <input type="checkbox"/> Pesticides <input type="checkbox"/> Mercury containing equipment <input type="checkbox"/> Destination Facility for Universal Waste		<input type="checkbox"/> Used Oil (UO) Transporter <input type="checkbox"/> UO Transfer Facility <input type="checkbox"/> UO Processor <input type="checkbox"/> UO Re-refiner <input type="checkbox"/> Off-Specification UO Burner <input type="checkbox"/> Marketer Who Directs Shipment of Off-Specification UO to Off-Specification UO Burner <input type="checkbox"/> Marketer Who First Claims the UO Meets the Specifications							
V	LAND TYPE		<input checked="" 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											
VI	NAICS		236115											
VII	SITE LOCATION ADDRESS	Address		123 MAIN ST										
		City		State		HELENA		MT						
		Zip		59601										
VIII	SITE MAILING ADDRESS	Address		PO BOX 123										
		City		State		HELENA		MT						
		Zip		59624-0123										

CONTACT PERSON First MI Last			ROBERT	S	SOCKS				
TITLE						PRESIDENT			
TELEPHONE		EXTENSION	406-442-1234	12					
MAILING ADDRESS		Address		PO BOX 123					
		City	State	HELENA		MT			
		Zip		59623-0123					
FAX NUMBER		EMAIL	406-442-1233	BOBBYSOCKS@ABCCOMPANY.COM					
ALTERNATE CONTACT First MI Last			DANIEL	A	BOONE	LARRY	B	SOCKS	
TITLE			GENERAL MANAGER			VICE PRESIDENT			
TELEPHONE		EXTENSION				406-442-5678	14		
EMAIL						LARRYBSOCKS@ABCOMPANY.COM			
LEGAL OWNER Business or First & Last Name						ABC COMPANY INC – BUILDINGS / ACME PROPERTY MANAGEMENT – LAND			
TYPE			<input checked="" 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						
MAILING ADDRESS		Address		PO BOX 456					
		City	State			HELENA		MT	
		Zip		59623-0456					
TELEPHONE		DATE BECAME OWNER				406-442-1588	01/26/2013		
OPERATOR Business or First & Last Name						ABC COMPANY INC			
TYPE			<input checked="" 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						
DATE BECAME OPERATOR						02/04/2013			
COMMENTS									
XIII	CERTIFICATION	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to 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 fine and imprisonment for knowing violations. (40 CFR 270.11).							
▼ (Please Type or Print) ▼									
Name First MI Last		ROBERT	S	SOCKS	Signature	ROBERT S SOCKS	Date Signed (mm/dd/yyyy)	02/10/2021	
Title		PRESIDENT							

PART TWO – Waste Identification (See Instructions) (Please make copies of this sheet for additional pages)								
	A	B	C	D	E	F	G	H
Line #	Is this Remediation Waste? Place 'X' in box if Yes	Description of Waste	EPA Hazardous Waste Codes (D001, D002...)	Amount of Waste Generated	Unit of Measure	Amount Shipped Off-Site	Waste Minimization Code (see Instructions, page 5)	Transporter (T) EPA ID Number (#) & Name
					Check P, T, G, or Y *Enter Density Only for G and CY			Receiving Facility (R) EPA ID Number (#) & Name
1	<input checked="" type="checkbox"/>	WASTE COMBUSTIBLE MATERIALS	D039, D040	0.744	P <input type="checkbox"/> G* <input checked="" type="checkbox"/> CY* <input type="checkbox"/> T <input type="checkbox"/> Density: <input checked="" type="checkbox"/> lbs/gal 7.4 <input type="checkbox"/> sg	0.744	X	T # NED986382133 T Name SMITH SYSTEMS TRANS. R # ARD069748192 R Name TERIS LLC
2	<input type="checkbox"/>	WASTE PAINT RELATED MATERIALS	D001, D006, D035, F003	0.166	P <input type="checkbox"/> G* <input type="checkbox"/> CY* <input type="checkbox"/> T <input checked="" type="checkbox"/> Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	0.166	X	T # NDD9806967070 T Name SAFETY KLEEN SYSTEMS R # ILD980613913 R Name SAFETY KLEEN SYSTEMS
3	<input type="checkbox"/>	WASTE PAINT RELATED MATERIALS	D001, D006, D035, F003,	200	P <input checked="" type="checkbox"/> G* <input type="checkbox"/> CY* <input type="checkbox"/> T <input type="checkbox"/> Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	100	X	T # NDD9806967070 T Name SAFETY KLEEN SYSTEMS R # ILD980613913 R Name SAFETY KLEEN SYSTEMS
—	<input type="checkbox"/>				P <input checked="" type="checkbox"/> G* <input type="checkbox"/> CY* <input type="checkbox"/> T <input type="checkbox"/> Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	100		T # NDD9806967070 T Name SAFETY KLEEN SYSTEMS R # ARD069748192 R Name TERIS LLC
—	<input type="checkbox"/>				P <input type="checkbox"/> G* <input type="checkbox"/> CY* <input type="checkbox"/> T <input type="checkbox"/> Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name
—	<input type="checkbox"/>				P <input type="checkbox"/> G* <input type="checkbox"/> CY* <input type="checkbox"/> T <input type="checkbox"/> Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name
Comments LINE 2, INITIAL TRANSPORTERS: MTR000002832, SHUMAKER TRUCKING 0.1 TONS; NDD9806967070, SAFETY KLEEN SYSTEMS 0.066 TONS LINE 3, F005								