

## 2020 MONTANA LARGE OR SMALL QUANTITY HAZARDOUS WASTE GENERATOR REPORT

|                |                                     |
|----------------|-------------------------------------|
| State Use Only | Inspector:                          |
| RCRAInfo NRR   | <input checked="" type="checkbox"/> |
| CEDARS         |                                     |

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

**PART ONE Generator Information (See Instructions)** Mailing Date: January 4, 2021

|          |                             |  |   |
|----------|-----------------------------|--|---|
| <b>I</b> | <b>REASON FOR SUBMITTAL</b> | <input checked="" type="checkbox"/> Component of the Hazardous Waste Report<br><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 in one or more months of the report year (or State equivalent LQG regulations)<br><input checked="" type="checkbox"/> Provide Subsequent Notification (to update site information) | <b>2020 REGISTERED STATUS</b><br><br><b>SQG</b> |
|----------|-----------------------------|--|---|

|           |          |             |              |        |
|-----------|----------|-------------|--------------|--------|
| <b>II</b> | EPA ID # | DEQ CONTACT | MTR123456789 | Area 2 |
|-----------|----------|-------------|--------------|--------|

|            |           |                 |                 |
|------------|-----------|-----------------|-----------------|
| <b>III</b> | SITE NAME | ABC COMPANY LLC | ABC COMPANY INC |
|------------|-----------|-----------------|-----------------|

|           |  |  |  |   |
|-----------|--|--|--|---|
| <b>IV</b> | CURRENT REGULATED WASTE ACTIVITIES (as of the date submitting this form) | <input type="checkbox"/> LQG<br><input checked="" type="checkbox"/> SQG<br><input type="checkbox"/> CESQG<br><input type="checkbox"/> Short Term/One-Time<br><input type="checkbox"/> Non-Handler<br><input type="checkbox"/> Out of Business<br><input type="checkbox"/> Importer of HW<br><input type="checkbox"/> Mixed Waste Generator<br><input type="checkbox"/> HW Transporter<br><input type="checkbox"/> Transfer Facility<br><input type="checkbox"/> Treater, Storer, or Disposer of HW<br><input type="checkbox"/> Recycler of HW<br><input type="checkbox"/> Small Quantity On-Site Burner Exemption<br><input type="checkbox"/> Smelting, Melting & Refining Furnace Exemption<br><input type="checkbox"/> Underground Injection Control<br><input type="checkbox"/> Receives HW from Off-site | <input type="checkbox"/> Large Quantity Handler of Universal Waste (UW)<br><br>Types of UW Accumulated/Managed:<br><input type="checkbox"/> Batteries<br><input type="checkbox"/> Lamps<br><input type="checkbox"/> Pesticides<br><input type="checkbox"/> Mercury containing equipment<br><br><input type="checkbox"/> Destination Facility for Universal Waste | <input type="checkbox"/> Used Oil (UO) Transporter<br><input type="checkbox"/> UO Transfer Facility<br><input type="checkbox"/> UO Processor<br><input type="checkbox"/> UO Re-refiner<br><input type="checkbox"/> Off-Specification UO Burner<br><input type="checkbox"/> Marketer Who Directs Shipment of Off-Specification UO to Off-Specification UO Burner<br><input type="checkbox"/> Marketer Who First Claims the UO Meets the Specifications |
|-----------|--|--|--|---|

|          |           |   |
|----------|-----------|---|
| <b>V</b> | 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 |
|----------|-----------|---|

|           |       |        |
|-----------|-------|--------|
| <b>VI</b> | NAICS | 236115 |
|-----------|-------|--------|

|            |                       |         |             |        |    |  |
|------------|-----------------------|---------|-------------|--------|----|--|
| <b>VII</b> | SITE LOCATION ADDRESS | Address | 123 MAIN ST |        |    |  |
|            |                       | City    | State       | HELENA | MT |  |
|            |                       | Zip     | 59601       |        |    |  |

|             |                      |         |            |        |    |  |
|-------------|----------------------|---------|------------|--------|----|--|
| <b>VIII</b> | SITE MAILING ADDRESS | Address | PO BOX 123 |        |    |  |
|             |                      | City    | State      | HELENA | MT |  |
|             |                      | Zip     | 59624-0123 |        |    |  |

|                                  |  |                  |  |                           |                           |   |            |                                    |  |
|----------------------------------|--|------------------|--|---------------------------|---------------------------|---|------------|------------------------------------|--|
| IX                               | <b>CONTACT PERSON</b><br>First   MI   Last                 |                  | ROBERT   | S                         | SOCKS                     |   |            |                                    |  |
|                                  | <b>TITLE</b>   |                  |  |                           |                           | PRESIDENT   |            |                                    |  |
|                                  | <b>TELEPHONE</b>   | <b>EXTENSION</b> | 406-442-1234   | 12                        |                           |   |            |                                    |  |
|                                  | <b>MAILING ADDRESS</b>                                     | Address          |  | PO BOX 123                |                           |   |            |                                    |  |
|                                  |  | City             | State  | HELENA                    | MT                        |   |            |                                    |  |
|                                  |  | Zip              |  | 59623-0123                |                           |   |            |                                    |  |
|                                  | <b>FAX NUMBER</b>  | <b>EMAIL</b>     | 406-442-1233   | BOBBYSOCKS@ABCCOMPANY.COM |                           |   |            |                                    |  |
|                                  | <b>ALTERNATE CONTACT</b><br>First   MI   Last              |                  | DANIEL   | A                         | BOONE                     | LARRY   | B          | SOCKS                              |  |
|                                  | <b>TITLE</b>   |                  | GENERAL MANAGER  |                           |                           | VICE PRESIDENT  |            |                                    |  |
| <b>TELEPHONE</b>                 | <b>EXTENSION</b>   |                  |  |                           | 406-442-5678              | 14  |            |                                    |  |
| <b>EMAIL</b>                     |  |                  |  |                           | LARRYBSOCKS@ABCOMPANY.COM |   |            |                                    |  |
| X                                | <b>LEGAL OWNER</b><br>Business <i>or</i> First & Last Name |                  |  |                           |                           | ABC COMPANY INC – BUILDINGS / ACME PROPERTY MANAGEMENT – LAND |            |                                    |  |
|                                  | <b>TYPE</b>  |                  | <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  |                           |                           |   |            |                                    |  |
|                                  | <b>MAILING ADDRESS</b>                                     | Address          |  |                           |                           |   | PO BOX 456 |                                    |  |
|                                  |  | City             | State  |                           |                           | HELENA  | MT         |                                    |  |
|                                  |  | Zip              |  |                           |                           |   | 59623-0456 |                                    |  |
| <b>TELEPHONE</b>                 | <b>DATE BECAME OWNER</b>                                   |                  |  |                           | 406-442-1588              | 01/26/2013  |            |                                    |  |
| XI                               | <b>OPERATOR</b><br>Business or First & Last Name           |                  |  |                           |                           | ABC COMPANY INC   |            |                                    |  |
|                                  | <b>TYPE</b>  |                  | <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  |                           |                           |   |            |                                    |  |
|                                  | <b>DATE BECAME OPERATOR</b>                                |                  |  |                           |                           | 02/04/2013  |            |                                    |  |
| XII                              | <b>COMMENTS</b>  |                  |  |                           |                           |   |            |                                    |  |
| XIII                             | <b>CERTIFICATION</b>                                       |                  | 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) ▼       |  |                  |  |                           |                           |   |            |                                    |  |
| <b>Name</b><br>First   MI   Last |  | ROBERT           | S  | SOCKS                     | <b>Signature</b>          | ROBERT S SOCKS  |            | <b>Date Signed</b><br>(mm/dd/yyyy) |  |
| <b>Title</b>                     |  | PRESIDENT        |  |                           |                           |   |            |                                    |  |

**PART TWO – Waste Identification (See Instructions) (Please make copies of this sheet for additional pages)**

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

Comments

LINE 2, INITIAL TRANSPORTERS: MTR000002832, SHUMAKER TRUCKING 0.1 TONS; NDD9806967070, SAFETY KLEEN SYSTEMS 0.066 TONS

LINE 3, F005