**Page 1 of**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2020 MONTANA LARGE OR SMALL QUANTITY HAZARDOUS WASTE GENERATOR REPORT** | | | | | | | | | | | | | State Use Only | Inspector: | |
|  | | | | | | | | | | | | | RCRAInfo ⌧ NRR | | |
| 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 | | | | | | | | | | | | | CEDARS | | |
| **PART ONE** | | **Generator Information (See Instructions)** | | | | Mailing Date: January 4, 2021 | | | | | | | | | |
| **I** | ***REASON FOR SUBMITTAL*** | | | | Component of the Hazardous Waste Report  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)  Provide Subsequent Notification (to update site information) | | | | | | | | ***2020 REGISTERED***  ***STATUS*** | | |
|  |  | | | |  | | | | | | | |  | | |
| **II** | ***EPA ID #*** | ***DEQ CONTACT*** | | |  | | | | | |  | | | | |
| **III** | ***SITE NAME*** | | | |  | | | | | |  | | | | |
| **IV** | ***CURRENT REGULATED WASTE ACTIVITIES (as of the date submitting this form)*** | | | | LQG  SQG  CESQG  Short Term/One-Time  Non-Handler  Out of Business  Importer of HW  Mixed Waste Generator  HW Transporter  Transfer Facility  Treater, Storer, or Disposer of HW  Recycler of HW  Small Quantity On-Site Burner Exemption  Smelting, Melting & Refining Furnace  Exemption  Underground Injection Control  Receives HW from Off-site | | | | Large Quantity Handler of Universal  Waste (UW)  Types of UW Accumulated/Managed:  Batteries  Lamps  Pesticides  Mercury containing equipment  Destination Facility for Universal Waste | | | Used Oil (UO) Transporter  UO Transfer Facility  UO Processor  UO Re-refiner  Off-Specification UO Burner  Marketer Who Directs  Shipment of Off-Specification  UO to Off-Specification UO  Burner  Marketer Who First Claims the UO Meets the Specifications | | | |
| **V** | ***LAND TYPE*** | | | | Private  County  District  Federal  Tribal  Municipal  State  Other | | | | | | | | | | |
| **VI** | ***NAICS*** | | | |  | | | | |  | | | | | |
| **VII** | ***SITE LOCATION***  ***ADDRESS*** | | Address | |  | | | | |  | | | | | |
|  |  | | City | State |  | | |  | |  | | | | | |
|  |  | | Zip | |  | | | | |  | | | | | |
| **VIII** | ***SITE MAILING ADDRESS*** | | Address | |  | | | | |  | | | | | |
|  |  | | City | State |  | |  | | |  | | | | |  |
|  |  | | Zip | |  | | | | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IX** | ***CONTACT PERSON***  **First | MI | Last** | | | | | |  | | |  | |  | | |  | |  | |  | | |
| ***TITLE*** | | | | | |  | | | | | | | |  | | | | | | |
| ***TELEPHONE*** | | ***EXTENSION*** | | | |  | | | | |  | | |  | | | |  | | |
| ***MAILING ADDRESS*** | | Address | | | |  | | | | | | | |  | | | | | | |
| City | | State | |  | | | | |  | | |  | | | |  | | |
| Zip | | | |  | | | | | | | |  | | | | | | |
| ***FAX NUMBER*** | | ***EMAIL*** | | | |  | | | | |  | | |  | | | | |  | |
| ***ALTERNATE CONTACT***  **First | MI | Last** | | | | | |  | | |  | |  | | |  | |  | | |  | |
| ***TITLE*** | | | | | |  | | | | | | | |  | | | | | | |
| ***TELEPHONE*** | | ***EXTENSION*** | | | |  | | | | |  | | |  | | | | |  | |
| ***EMAIL*** | | | | | |  | | | | | | | |  | | | | | | |
| **X** | ***LEGAL OWNER***  Business ***or*** First & Last Name | | | | | |  | | | | | | | |  | | | | | | |
| ***TYPE*** | | | | | | Private  County  District  Federal  Tribal  Municipal  State  Other | | | | | | | | | | | | | | |
| ***MAILING ADDRESS*** | | Address | | | |  | | | | | | | |  | | | | | | |
| City | | | State |  | | | | |  | | |  | | | |  | | |
| Zip | | | |  | | | | | | | |  | | | | | | |
| ***TELEPHONE*** | | ***DATE BECAME OWNER*** | | | |  | | | | |  | | |  | | | |  | | |
| **XI** | ***OPERATOR***  Business or First & Last Name | | | | | |  | | | | | | | | |  | | | | | |
| ***TYPE*** | | | | | | Private  County  District  Federal  Tribal  Municipal  State  Other | | | | | | | | | | | | | | |
| ***DATE BECAME OPERATOR*** | | | | | |  | | | | | | | | |  | | | | | |
| **XII** | ***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 | |  | | | | | |  |  | | | | **Signature** |  | | | | **Date Signed**  (mm/dd/yyyy) | | |  |
| **Title** | |  | | | | | | | | | | |

**Page 2 of**

Revised 2020 ***An electronic reporting form, in Adobe format, is available at the DEQ Hazardous Waste website:*** <http://deq.mt.gov/Land/HazWaste/hazformsreport>

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EPA ID NUMBER: SITE NAME: Page of** | | | | | | | | | | |
| **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* | | ***Receiving Facility (R)***  *EPA ID Number (#) & Name* |
| *\*Enter Density Only for G and CY* | |
| \_\_\_ |  | |  |  |  | P  T | G\*  CY\* |  |  | *T #* |
| *T Name* |
| Density:  lbs/gal  sg | *R #* |
| *R Name* |
| \_\_\_ |  | |  |  |  | P  T | G\*  CY\* |  |  | *T #* |
| *T Name* |
| Density:  lbs/gal  sg | *R #* |
| *R Name* |
| \_\_\_ |  | |  |  |  | P  T | G\*  CY\* |  |  | *T #* |
| *T Name* |
| Density:  lbs/gal  sg | *R #* |
| *R Name* |
| \_\_\_ |  | |  |  |  | P  T | G\*  CY\* |  |  | *T #* |
| *T Name* |
| Density:  lbs/gal  sg | *R #* |
| *R Name* |
| \_\_\_ |  | |  |  |  | P  T | G\*  CY\* |  |  | *T #* |
| *T Name* |
| Density:  lbs/gal  sg | *R #* |
| *R Name* |
| \_\_\_ |  | |  |  |  | P  T | G\*  CY\* |  |  | *T #* |
| *T Name* |
| Density:  lbs/gal  sg | *R #* |
| *R Name* |
| Comments | |  | | | | | | | | |
|  | | | | | | | | | | |