

2020 MONTANA LARGE OR SMALL QUANTITY HAZARDOUS WASTE GENERATOR REPORT

State Use Only

Inspector:

RCRAInfo NRR



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

I	REASON FOR SUBMITTAL		<input type="checkbox"/> Component of the Hazardous Waste Report <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ 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 type="checkbox"/> 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)		<input type="checkbox"/> LQG <input 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 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							
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		<input 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							
		City	State						
		Zip							
TELEPHONE	DATE BECAME OWNER								
XI	OPERATOR Business or First & Last Name								
	TYPE		<input 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								
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									

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 *Enter Density Only for G and CY				Receiving Facility (R) EPA ID Number (#) & Name
—	<input type="checkbox"/>				P <input type="checkbox"/> T <input type="checkbox"/>	G* <input type="checkbox"/> CY* <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"/> T <input type="checkbox"/>	G* <input type="checkbox"/> CY* <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"/> T <input type="checkbox"/>	G* <input type="checkbox"/> CY* <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"/> T <input type="checkbox"/>	G* <input type="checkbox"/> CY* <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"/> T <input type="checkbox"/>	G* <input type="checkbox"/> CY* <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"/> T <input type="checkbox"/>	G* <input type="checkbox"/> CY* <input type="checkbox"/> Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name

Comments