

2021 MONTANA LARGE QUANTITY HAZARDOUS WASTE (HW) GENERATOR BIENNIAL REPORT

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

This report is for the calendar year ending December 31, 2021. Please read all instructions in the 2021 Hazardous Waste Report Instructions Booklet before making any entries on the form. PLEASE TYPE / PRINT

PART ONE Generator Information (See Instructions) Mailing Date: January 18, 2022

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 2021. <input type="checkbox"/> Provide Subsequent Notification (to update site information)	2021 REGISTERED STATUS	
II	EPA ID # / DEQ AREA			
III	SITE NAME			
IV	CURRENT REGULATED WASTE ACTIVITIES (as of December 31, 2021)	<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 <i>or</i> 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								

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

Line #	A <i>Is this Remediation Waste? Place 'X' in box if Yes</i>	B <i>Description of Waste</i>	C <i>EPA Hazardous Waste Codes (D001, D002...)</i>	D		E <i>Form Code (W___)</i>	F <i>Quantity Generated</i>	G		*H <i>Waste Minimization Code (see Instructions, page 5)</i>	I <i>On-Site Process</i>		J <i>Receiving Facility (R) EPA ID Number (#)</i>	K <i>Off-site Management Method (H___)</i>	L <i>Quantity Shipped</i>
				<i>Source Code (G__)</i>	<i>Management Method for Code G25</i>			<i>Unit of Measure</i>	<i>*Enter Density Only for G and CY</i>		<i>Management Method (H___)</i>	<i>Quantity</i>			
	<input type="checkbox"/>							Choose an item.	Choose an item.	System 1	System 1	R 1 #			
							Density: Choose an item.	System 2			System 2		R 2 #		
													R 3 #		
	<input type="checkbox"/>							Choose an item.	Choose an item.	System 1	System 1	R 1 #			
							Density: Choose an item.	System 2			System 2		R 2 #		
													R 3 #		
	<input type="checkbox"/>							Choose an item.	Choose an item.	System 1	System 1	R 1 #			
							Density: Choose an item.	System 2			System 2		R 2 #		
													R 3 #		
	<input type="checkbox"/>							Choose an item.	Choose an item.	System 1	System 1	R 1 #			
							Density: Choose an item.	System 2			System 2		R 2 #		
													R 3 #		
	<input type="checkbox"/>							Choose an item.	Choose an item.	System 1	System 1	R 1 #			
							Density: Choose an item.	System 2			System 2		R 2 #		
													R 3 #		
Comments															

* Complete Column I if any of this waste that was generated at this facility was treated, disposed, and/or recycled on-site.

PART THREE – Waste Received From Off-Site (See Instructions) (Please make copies of this sheet for additional pages)

	A	B	C	D	E	F	G
Line #	Description of Waste	EPA Hazardous Waste Codes (D001, D002...)	Off-site Handler EPA ID Number	Quantity Received in 2021	Unit of Measure *Enter Density Only for G and CY	Form Code (W_...)	Management Method Code (H_...)
					Choose an item.		
					Density: Choose an item.		
					Choose an item.		
					Density: Choose an item.		
					Choose an item.		
					Density: Choose an item.		
					Choose an item.		
					Density: Choose an item.		
					Choose an item.		
					Density: Choose an item.		

Comments