

# 2021 MONTANA TREATMENT, STORAGE, AND DISPOSAL FACILITY ANNUAL REPORT FORM

This report is for the calendar year ending December 31, 2021. Please read all instructions carefully.  
PLEASE TYPE / PRINT

State Use Only
RCRAInfo; <input checked="" type="checkbox"/> FRR <input checked="" type="checkbox"/> NRR
CEDARS:
File Name:

## PART ONE GENERAL INFORMATION

Mailing Date: January 18, 2022

I.	<b>Regulated Status</b>	At any time during 2021, did this facility treat, store (for greater than accumulation time limits pursuant to 40 CFR 262.34), or dispose of regulated quantities of hazardous waste?	<input type="checkbox"/> Yes	If <b>YES</b> , fill out Parts One through Three, as appropriate and return to DEQ.			
			<input type="checkbox"/> No	If <b>NO</b> , fill out Part One only and return to DEQ.			
II.	<b>FACILITY EPA ID #</b>				<b>DEQ Project Manager</b>		
III.	<b>FACILITY NAME</b>						
IV.	<b>FACILITY LOCATION ADDRESS</b>	Address					
		City   State					
		Zip					
V.	<b>CONTACT PERSON</b>						
	First   Last						
	<b>TITLE</b>						
	<b>TELEPHONE</b>	<b>EXTENSION</b>					
	<b>MAILING ADDRESS</b>	Address					
		City   State					
Zip							
<b>FAX NUMBER</b>							
<b>EMAIL</b>							
VI.	<b>ALTERNATE CONTACT</b>						
	First   Last						
	<b>TITLE</b>						
	<b>TELEPHONE</b>	<b>EXTENSION</b>					
<b>EMAIL</b>							
VII.	<b>COST ESTIMATES</b>		Regulated Units: Closure \$		Post Closure \$		
			Facility Wide Corrective Action \$				
VIII.	<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>				<b>Signature</b>		<b>Date Signed</b> (mm/dd/yyyy)	
First   Last							
<b>Title</b>							

**PART TWO WASTE IDENTIFICATION AND FINAL MANAGEMENT**

<b>IX.</b>	<input type="checkbox"/> <b>Generated On-Site</b>  Check if waste was generated <i>and</i> treated, stored (for greater than accumulation time limits pursuant to 40 CFR 262.34), or disposed at your facility, then enter "NA" in Sections X, XI, and XII.	<b>XI.</b>	<b>Off-Site Generator Name</b> <small>(Specify generator from whom all wastes listed on this page were received)</small>
		<b>XII.</b>	<b>Off-Site Generator Address</b> <small>(Street or P.O. Box)</small>

<b>X.</b>	<b>Off-Site Generator EPA ID Number</b> <small>(Enter Generator 12 digit EPA ID No.)</small>	<small>(City or Town)</small> <small>(State)</small> <small>(Zip Code)</small>
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XIII.	A	B	C	D	E	F		
Line #	Description of Waste	EPA Hazardous Waste Codes		Last or Final Management Method	Last or Final Management Location	Amount of Waste	Unit of Measure	
							Density	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

<b>XIV.</b>	<b>COMMENTS:</b>	
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PART THREE		TOTAL WASTE IN STORAGE ON DECEMBER 31, 2021					
<b>XV.</b>	<input type="checkbox"/>	<b>NO - No Waste was in storage on December 31, 2021</b> Check this box if NO hazardous waste was in storage at your facility on December 31, 2021.					
	<input type="checkbox"/>	<b>YES - Waste was in storage on December 31, 2021</b> Check this box if hazardous waste was in storage at your facility on December 31, 2021, then fill out Section XVI.					
<b>XVI.</b>	<b>A</b>	<b>B</b>		<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Line #</b>	<b>Description of Waste</b>	<b>EPA Hazardous Waste Codes</b>		<b>On-Site Storage Process Code</b>	<b>Amount of Waste</b>	<b>Unit of Measure</b>	<b>Year Waste Placed in Storage</b>
				S			
				S			
				S			
				S			
				S			
				S			
				S			
				S			
				S			
<b>XVII.</b>	<b>COMMENTS</b>						