

2021 MONTANA 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, 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 3, 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 in one or more months of the report year (or State equivalent LQG regulations) <input checked="" type="checkbox"/> Provide Subsequent Notification (to update site information)	2021 REGISTERED STATUS
			SQG

II	EPA ID #	DEQ CONTACT	MTR123456789	Area 2
-----------	-----------------	--------------------	---------------------	---------------

III	SITE NAME	ABC COMPANY LLC	ABC COMPANY INC
------------	------------------	------------------------	------------------------

IV	CURRENT REGULATED WASTE ACTIVITIES (as of the date submitting this form)	<input type="checkbox"/> LQG <input checked="" 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 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
----------	------------------	---

VI	NAICS	236115
-----------	--------------	---------------

VII	SITE LOCATION ADDRESS	Address	123 MAIN ST		
		City	State	HELENA	MT
		Zip	59601		

VIII	SITE MAILING ADDRESS	Address	PO BOX 123		
		City	State	HELENA	MT
		Zip	59624-0123		

IX	CONTACT PERSON First MI Last		ROBERT	S	SOCKS				
	TITLE					PRESIDENT			
	TELEPHONE	EXTENSION	406-442-1234		12				
	MAILING ADDRESS	Address		PO BOX 123					
		City	State	HELENA		MT			
		Zip		59623-0123					
	FAX NUMBER	EMAIL	406-442-1233		BOBBYSOCKS@ABCCOMPANY.COM				
	X	ALTERNATE CONTACT First MI Last		DANIEL	A	BOONE	LARRY	B	SOCKS
TITLE		GENERAL MANAGER			VICE PRESIDENT				
TELEPHONE		EXTENSION				406-442-5678		14	
EMAIL					LARRYB SOCKS@ABCOMPANY.COM				
X	LEGAL OWNER Business or First & Last Name					ABC COMPANY INC – BUILDINGS / ACME PROPERTY MANAGEMENT – 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						
	MAILING ADDRESS	Address					PO BOX 456		
		City	State				HELENA		MT
Zip					59623-0456				
TELEPHONE	DATE BECAME OWNER				406-442-1588		01/26/2013		
XI	OPERATOR Business or First & Last Name					ABC COMPANY INC			
	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						
	DATE BECAME OPERATOR					02/04/2013			
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		ROBERT	S	SOCKS	Signature	ROBERT S SOCKS		Date Signed (mm/dd/yyyy)	02/10/2021
Title		PRESIDENT							

PART TWO – Waste Identification (See Instructions) (Please make copies of this sheet for additional pages)										
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	
1	<input checked="" type="checkbox"/>	WASTE COMBUSTIBLE MATERIALS	D039, D040	0.744	P <input type="checkbox"/>	G* <input checked="" type="checkbox"/> CY* <input type="checkbox"/>	0.744	X	T # NED986382133 T Name SMITH SYSTEMS TRANS. R # ARD069748192 R Name TERIS LLC	
					T <input type="checkbox"/>	Density: <input checked="" type="checkbox"/> lbs/gal 7.4 <input type="checkbox"/> sg				
2	<input type="checkbox"/>	WASTE PAINT RELATED MATERIALS	D001, D006, D035, F003	0.166	P <input type="checkbox"/>	G* <input type="checkbox"/> CY* <input type="checkbox"/>	0.166	X	T # NDD9806967070 T Name SAFETY KLEEN SYSTEMS R # ILD980613913 R Name SAFETY KLEEN SYSTEMS	
					T <input checked="" type="checkbox"/>	Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				
3	<input type="checkbox"/>	WASTE PAINT RELATED MATERIALS	D001, D006, D035, F003,	200	P <input checked="" type="checkbox"/>	G* <input type="checkbox"/> CY* <input type="checkbox"/>	100	X	T # NDD9806967070 T Name SAFETY KLEEN SYSTEMS R # ILD980613913 R Name SAFETY KLEEN SYSTEMS	
					T <input type="checkbox"/>	Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				
—	<input type="checkbox"/>				P <input checked="" type="checkbox"/>	G* <input type="checkbox"/> CY* <input type="checkbox"/>	100		T # NDD9806967070 T Name SAFETY KLEEN SYSTEMS R # ARD069748192 R Name TERIS LLC	
					T <input type="checkbox"/>	Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				
—	<input type="checkbox"/>				P <input type="checkbox"/>	G* <input type="checkbox"/> CY* <input type="checkbox"/>			T # T Name R # R Name	
					T <input type="checkbox"/>	Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				
—	<input type="checkbox"/>				P <input type="checkbox"/>	G* <input type="checkbox"/> CY* <input type="checkbox"/>			T # T Name R # R Name	
					T <input type="checkbox"/>	Density: <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg				

Comments

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

LINE 3, F005