

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 in shaded areas.

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 $\geq 1,000$ kg of HW, > 1 kg of acute HW, or > 100 kg of acute HW spill cleanup <u>in one or more months</u> of 2021. <input type="checkbox"/> Provide Subsequent Notification (to update site information)	2021 REGISTERED STATUS
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II	EPA ID #	DEQ AREA	
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III	SITE NAME	
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IV	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
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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
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VI	NAICS	
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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 <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				
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					Signature	Date Signed (mm/dd/yyyy)	Click or tap to enter a date.
First	MI	Last					
Title							

PART TWO – Waste Identification (See Instructions) (Please make copies of this sheet for additional pages)								
Line #	A Is this Remediation Waste? Place 'X' in box if Yes	B Description of Waste	C EPA Hazardous Waste Codes (D001, D002...)	D Amount of Waste Generated	E Unit of Measure	F Amount Shipped Off-Site	G Waste Minimization Code (see Instructions, page 5)	H Transporter (T) EPA ID Number (#) & Name
					*Enter Density Only for G and CY			Receiving Facility (R) EPA ID Number (#) & Name
	<input type="checkbox"/>				Choose an item.		Choose an item.	T #
					Density: Choose an item.			T Name
	<input type="checkbox"/>				Choose an item.		Choose an item.	R #
					Density: Choose an item.			R Name
	<input type="checkbox"/>				Choose an item.		Choose an item.	T #
					Density: Choose an item.			T Name
	<input type="checkbox"/>				Choose an item.		Choose an item.	R #
					Density: Choose an item.			R Name
	<input type="checkbox"/>				Choose an item.		Choose an item.	T #
					Density: Choose an item.			T Name
	<input type="checkbox"/>				Choose an item.		Choose an item.	R #
					Density: Choose an item.			R Name
	<input type="checkbox"/>				Choose an item.		Choose an item.	T #
					Density: Choose an item.			T Name
	<input type="checkbox"/>				Choose an item.		Choose an item.	R #
					Density: Choose an item.			R Name

Comments