

2020 MONTANA TREATMENT, STORAGE AND DISPOSAL FACILITY ANNUAL REPORT FORM

This report is for the calendar year ending December 31, 2020. 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 4, 2021

I.	Regulated Status	At any time during 2020, 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	<i>If YES, fill out Parts One through Three, as appropriate and return to DEQ.</i>
			<input type="checkbox"/> No	<i>If NO, fill out Part One only and return to DEQ.</i>

II.	FACILITY EPA ID #		DEQ Project Manager
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III.	FACILITY NAME	
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IV.	FACILITY LOCATION ADDRESS	Address			
		City	State		MT
		Zip			

V.	CONTACT PERSON					
	First Last					
	TITLE					
	TELEPHONE		EXTENSION			
	MAILING ADDRESS	Address				
		City	State			
Zip						
FAX NUMBER						
EMAIL						

VI.	ALTERNATE CONTACT				
	First Last				
	TITLE				
	TELEPHONE		EXTENSION		
EMAIL					

VII.	COST ESTIMATES	Regulated Units: Closure \$	Post Closure \$
		Facility Wide Corrective Action \$	

VIII. 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)
First Last			
Title			

PART THREE

TOTAL WASTE IN STORAGE ON DECEMBER 31, 2020

XV.	<input type="checkbox"/>	NO - No Waste was in storage on December 31, 2020 Check this box if NO hazardous waste was in storage at your facility on December 31, 2020.
	<input type="checkbox"/>	YES - Waste was in storage on December 31, 2020 Check this box if hazardous waste was in storage at your facility on December 31, 2020, then fill out Section XVI.

XVI.	A	B	C	D	E	F
Line #	Description of Waste	EPA Hazardous Waste Codes	On-Site Storage Process Code	Amount of Waste	Unit of Measure	Year Waste Placed in Storage
			S			
			S			
			S			
			S			
			S			
			S			
			S			
			S			

XVII.	COMMENTS:	
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