

<b>2022 Montana Treatment, Storage, and Disposal Facility Annual Report</b>  This report is for the calendar year ending December 31, 2022. Please read all instructions in the 2022 Hazardous Waste Report Instruction Booklet before making any entries on the form. PLEASE TYPE/PRINT	State Use Only: Inspector  State Use Only: Data Control
<b>PART ONE: GENERAL INFORMATION</b>	<b>Mailing Date: January 3, 2023</b>

<b>I</b>	<b>REGULATED STATUS</b>	At any time during 2022 did this facility treat, store (for greater than accumulation time limits pursuant to 40 CFR 262.16(b) or 262.17(a)), or dispose of regulated quantities of hazardous waste?	<input type="checkbox"/> <b>YES</b>	If <b>YES</b> , fill out Part One through Three, as appropriate, and return to DEQ.
		<input type="checkbox"/> <b>NO</b>	If <b>NO</b> , fill out Part One, as appropriate, and return to DEQ.	
<b>II</b>	<b>SITE EPA ID NUMBER</b>			
<b>III</b>	<b>SITE NAME</b>			

<b>IV</b>	<b>SITE LOCATION ADDRESS</b>	Street Address			
		City, Town, or Village	County		
		State	Country	Zip Code	
		Latitude	Longitude	<input type="checkbox"/> Use Lat/Long as Primary Address	

<b>V</b>	<b>SITE CONTACT INFORMATION</b>	First Name	MI	Last Name	
		Title			
		Street Address			
		City, Town, or Village			
		State	Country	Zip Code	
		Email			
		Phone	Ext	Fax	

<b>VI</b>	<b>COST ESTIMATES</b>	Regulated Units: Closure \$	Regulated Units: Post Closure \$
		Facility Wide Corrective Action \$	

<b>VII</b>	<b>CERTIFICATION</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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 fines and imprisonment for knowing violations. <b>(40 CFR 270.11)</b>
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Signature of legal owner, operator, or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial, Last)	Title
Email	

Questions? Please contact the Hazardous Waste Program at (406) 444-5300 or [deghazwaste@mt.gov](mailto:deghazwaste@mt.gov)

An electronic copy of this reporting form, in PDF, is available on the DEQ Hazardous Waste website:  
<https://deq.mt.gov/twr/assistance>

<b>VIII</b>	<input type="checkbox"/> <b>Generated On-Site</b> Check if waste was generated <u>and</u> treated, stored (for greater than accumulation time limits pursuant to 40 CFR 262.16(b) or 262.17(a)), or disposed at your facility, then enter "N/A" in Sections IX, X, and XI.	<b>IX</b>	<b>Off-Site Generator Address</b>	Address			
				City	State		
				Zip			

<b>X</b>	<b>Off-Site EPA ID</b>		<b>XI</b>	<b>Off-Site Generator Name</b>
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	A	B	C	D	E	F
Line No.	Waste Description	Hazardous Waste Codes (Federal)	Last or Final Management Method	Last or Final Management Location	Quantity	Unit of Measure
				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		Density Only for G and CY
				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		
				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		
				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		
				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		
				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		
				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		

<b>COMMENTS</b>	
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