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|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|---------|-------|--|
| VIII | <input type="checkbox"/> Generated On-Site 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. | IX | Off-Site Generator Address | Address | | |
| | | | | City | State | |
| | | | | Zip | | |

| | | | | | | |
|----------|------------------------|-----------|--------------------------------|--|--|--|
| X | Off-Site EPA ID | XI | Off-Site Generator Name | | | |
|----------|------------------------|-----------|--------------------------------|--|--|--|

| | 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 | | |

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| COMMENTS | |
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