

EPA ID:																				
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_____ Hazardous Waste Report

Form GM – Generation and Management

1. Waste Characteristics

A. Waste Description:						
B. EPA Hazardous Waste Code(s):						
						More... <input type="checkbox"/>
C. Source Code: G ____		Report the Mgmt. Method code ONLY for G25.			Mgmt. Method: H ____	
D. Waste Form Code: W ____		E. Waste Minimization Code: ____		F. Radioactive Mixed: <input type="checkbox"/> Y <input type="checkbox"/> N		

2. Generation and On-site Management of Hazardous Waste

A. Quantity Generated in the year prior to reporting year:		
B. Quantity Generated in the reporting year:		
C. UOM: ____	Density: ____ . ____	<input type="checkbox"/> lbs./gal <input type="checkbox"/> sg
<input type="checkbox"/> Y (continue to system 1)	<input type="checkbox"/> N (skip to Sec. 3)	Was this waste treated, disposed of, or recycled on-site?
On-site System 1	On-site Mgmt. method: H ____	Quantity:
On-site System 2	On-site Mgmt. method: H ____	Quantity:

3. Off-site Shipment of Hazardous Waste

A. <input type="checkbox"/> Y (continue to Box B) <input type="checkbox"/> N (skip to Sec. 4) Was any of this waste shipped off-site in the reporting year?			
	B. EPA ID of facility to which waste was shipped:	C. Mgmt. Method	D. Total quantity shipped in reporting year
Site 1		H ____	
Site 2		H ____	
Site 3		H ____	
Site 4		H ____	

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4. On-Site Waste Storage and Inactive Disposal Units

<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Boxes A and B.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>1. a greater than 90-day storage unit...</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> <input type="checkbox"/> a. generated during the reporting year</td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> b. generated prior to the reporting year</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				Yes	No	1. a greater than 90-day storage unit...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during the reporting year			<input type="checkbox"/> b. generated prior to the reporting year			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																	
1. a greater than 90-day storage unit...	<input type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during the reporting year																			
<input type="checkbox"/> b. generated prior to the reporting year																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input type="checkbox"/>																	
B. Storage or disposal method	Handling Code	Amount	UOM	Density															
1				____ . ____ <input type="checkbox"/> lbs./gal <input type="checkbox"/> sg															
2				____ . ____ <input type="checkbox"/> lbs./gal <input type="checkbox"/> sg															
3				____ . ____ <input type="checkbox"/> lbs./gal <input type="checkbox"/> sg															
4				____ . ____ <input type="checkbox"/> lbs./gal <input type="checkbox"/> sg															

Comments:

Extra Waste Codes:

EPA ID:																			
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_____ Hazardous Waste Report

Form OI – Off-site Transporter and Receiving Facility Information
 Each EPA ID should only be listed once with appropriate Handler Type box(es) marked.

Site 1

A. EPA ID of transporter or receiving facility:		B. Name of transporter or receiving facility (40 characters max.):	
C. Handler type (check all that apply):		D. Address of receiving facility (address not required for transporters):	
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ Zip Code _____	

Site 2

A. EPA ID of transporter or receiving facility:		B. Name of transporter or receiving facility (40 characters max.):	
C. Handler type (check all that apply):		D. Address of receiving facility (address not required for transporters):	
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ Zip Code _____	

Site 3

A. EPA ID of transporter or receiving facility:		B. Name of transporter or receiving facility (40 characters max.):	
C. Handler type (check all that apply):		D. Address of receiving facility (address not required for transporters):	
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ Zip Code _____	

Site 4

A. EPA ID of transporter or receiving facility:		B. Name of transporter or receiving facility (40 characters max.):	
C. Handler type (check all that apply):		D. Address of receiving facility (address not required for transporters):	
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ Zip Code _____	