



2011 Hazardous Waste Report

Instructions and Form

EPA Form 8700-13 A/B

(OMB #2050-0024; Expires 11/30/2013)

WHO MUST FILE THE 2011 HAZARDOUS WASTE REPORT

Sites Required to File the Hazardous Waste Report

You are required by Federal statute (mandatory reporting) to complete and file the 2011 Hazardous Waste Report (also known as the “Biennial Report”) if your site:

- Met the definition of a RCRA Large Quantity Generator (LQG) during 2011; **or**
- Treated, stored, or disposed of RCRA hazardous wastes on-site during 2011.


DEFINITION OF A RCRA LARGE QUANTITY GENERATOR WHO MUST REPORT FOR CALENDAR YEAR 2011

A site is a RCRA Large Quantity Generator (LQG) for 2011 if the site met **any** of the following criteria:

- a. The site generated, in any single calendar month, 1,000 kg (2,200 lbs.) or more of RCRA non-acute hazardous waste; **or**
- b. The site generated, in any single calendar month, or accumulated at any time, more than 1 kg (2.2 lbs.) of RCRA acute hazardous waste; **or**
- c. The site generated, in any single calendar month, or accumulated at any time, more than 100 kg (220 lbs.) of spill cleanup material contaminated with RCRA acute hazardous waste.

Note: You will report your **current** Hazardous Waste Generator status as of the date of submitting your 2011 Hazardous Waste Report on the Site ID Form . Your current status may be different from the status during the report year that requires you to file the Hazardous Waste Report.

Note: Hazardous waste imported from a foreign country in 2011 must be counted in determining your generator status if your site is the U.S. Importer. This waste must be reported on the GM Form or the WR Form in your 2011 Hazardous Waste Report.

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY X (usually)	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. Site Name	Name: _____		
4. Site Location Information	Street Address: _____ Location Address _____ City, Town, or Village: _____ County: _____ State: _____ Country: _____ Zip Code: _____		
5. Site 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		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	B. From the 2009 list		D. WWW.NAICS.com
7. Site Mailing Address	Street or P.O. Box: _____ Mailing Address _____ City, Town, or Village: _____ State: _____ Country: _____ Zip Code: _____		
8. Site Contact Person	First Name: _____ MI: _____ Last: _____ Title: _____ Street or P.O. Box: _____ Contact Information and Address _____ City, Town or Village: _____ State: _____ Country: _____ Zip Code: _____ Email: _____ Phone: _____ Ext.: _____ Fax: _____		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: _____ Date Became Owner: _____ Owner 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 Street or P.O. Box: _____ Owner Address _____ City, Town, or Village: _____ Phone: _____ State: _____ Country: _____ Zip Code: _____ B. Name of Site's Operator: _____ Date Became Operator: _____ Operator 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		

X (usually)

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-7.

- Y N 1. Generator of Hazardous Waste
If "Yes", mark only one of the following – a, b, or c.
- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.
- If "Yes" above, indicate other generator activities.
- Y N d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.
- Y N e. United States Importer of Hazardous Waste
- Y N f. Mixed Waste (hazardous and radioactive) Generator
- Y N 2. Transporter of Hazardous Waste
If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N 3. Treater, Storer, or Disposer of Hazardous Waste
Note: A hazardous waste permit is required for these activities.
- Y N 4. Recycler of Hazardous Waste
- Y N 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark all that apply.
- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption
- Y N 6. Underground Injection Control
- Y N 7. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

- Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.
- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) _____
- f. Other (specify) _____
- g. Other (specify) _____
- Y N 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- Y N 1. Used Oil Transporter
If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N 2. Used Oil Processor and/or Re-refiner
If "Yes", mark all that apply.
- a. Processor
- b. Re-refiner
- Y N 3. Off-Specification Used Oil Burner
- Y N 4. Used Oil Fuel Marketer
If "Yes", mark all that apply.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)? **N/A for Florida**

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Required	Required	Required

The Addendum page is Not Applicable for Florida

X (usually)

Florida Specific

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):

Summary of Hazardous Waste Regulation

A. Hazardous Waste Activities:

(1) Generator of Hazardous Waste

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- a. Operating Commercial TSD
- b. Operating Non-commercial TSD
- c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)

Specify: Commercial; Non-Commercial.
A permit is required for storage prior to recycling.

(4) Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

Florida Notification AND Registration for Transporters (usually blank for BR)

(7) **Transporter of Hazardous Waste** [Note: A Certificate of Liability Insurance is required along with this registration.]

Registration must be renewed annually. a. For own waste only b. For commercial purposes

c. Hazardous Waste Transporter Insurance Information

Insurance Company _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

d. **Transportation Mode** Air Rail Highway Water Other - specify _____

e. **Hazardous Waste Transfer Facility:** Storage Volume _____

Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]

Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]

A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]

A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]

A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

Notification of changes in above items

Annual update notification

X (usually)

				EPA ID No.
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):				Universal Waste
<input type="checkbox"/> Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated <input checked="" type="checkbox"/> Small Quantity Handler (SQH) = always less than 5,000 kg accumulated				
<input type="checkbox"/> Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler <input type="checkbox"/> Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler				Mercury Forms
<input type="checkbox"/> Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler <input type="checkbox"/> Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler [Note: 4 lamps = 1 kg, 62-737.200(10)]				
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated <input type="checkbox"/> Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated				Pharmaceutical Listing
(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	< 11000
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]			<input type="checkbox"/>	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
(4) Reverse Distributor of UW		<input type="checkbox"/>	Pharmaceuticals	<input type="checkbox"/>
			Lamps	<input type="checkbox"/>
			Devices	<input type="checkbox"/>
(5) Destination Facility for UW		<input type="checkbox"/>	Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.	
C. Used Oil Activities:				(8) Specific Certification to be signed by all Used Oil Transporters I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. _____ Signature of Authorized Person _____ Print Name of Authorized Person
(1) Used Oil Transporter - indicate type(s) of activity(ies): <input type="checkbox"/> a. Transporter <input checked="" type="checkbox"/> b. Transfer Facility (2) <input type="checkbox"/> Collection Center (3) <input type="checkbox"/> Used Oil Processor (A permit is required for this activity.) (4) <input type="checkbox"/> Off-Specification Used Oil Burner (5) <input checked="" type="checkbox"/> Used Oil Fuel Marketer (6) Used Oil Filter <input type="checkbox"/> a. Transporter <input checked="" type="checkbox"/> b. Transfer Facility <input checked="" type="checkbox"/> c. Processor <input type="checkbox"/> d. End User				
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection. <input type="checkbox"/> A check is enclosed.				(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one): <input type="checkbox"/> Our mailing (business) address <input checked="" type="checkbox"/> The site (facility) address

Used Oil Recycling

EPA ID No.

D. Other State Regulated Waste Activities:

Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Waste Code

EPA Waste Type

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):

A. Non-Handler of Regulated Waste at This Facility

- (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- (2) Waste generated by business has been delisted.
- (3) Other (explain) _____

B. Facility Closed

- (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

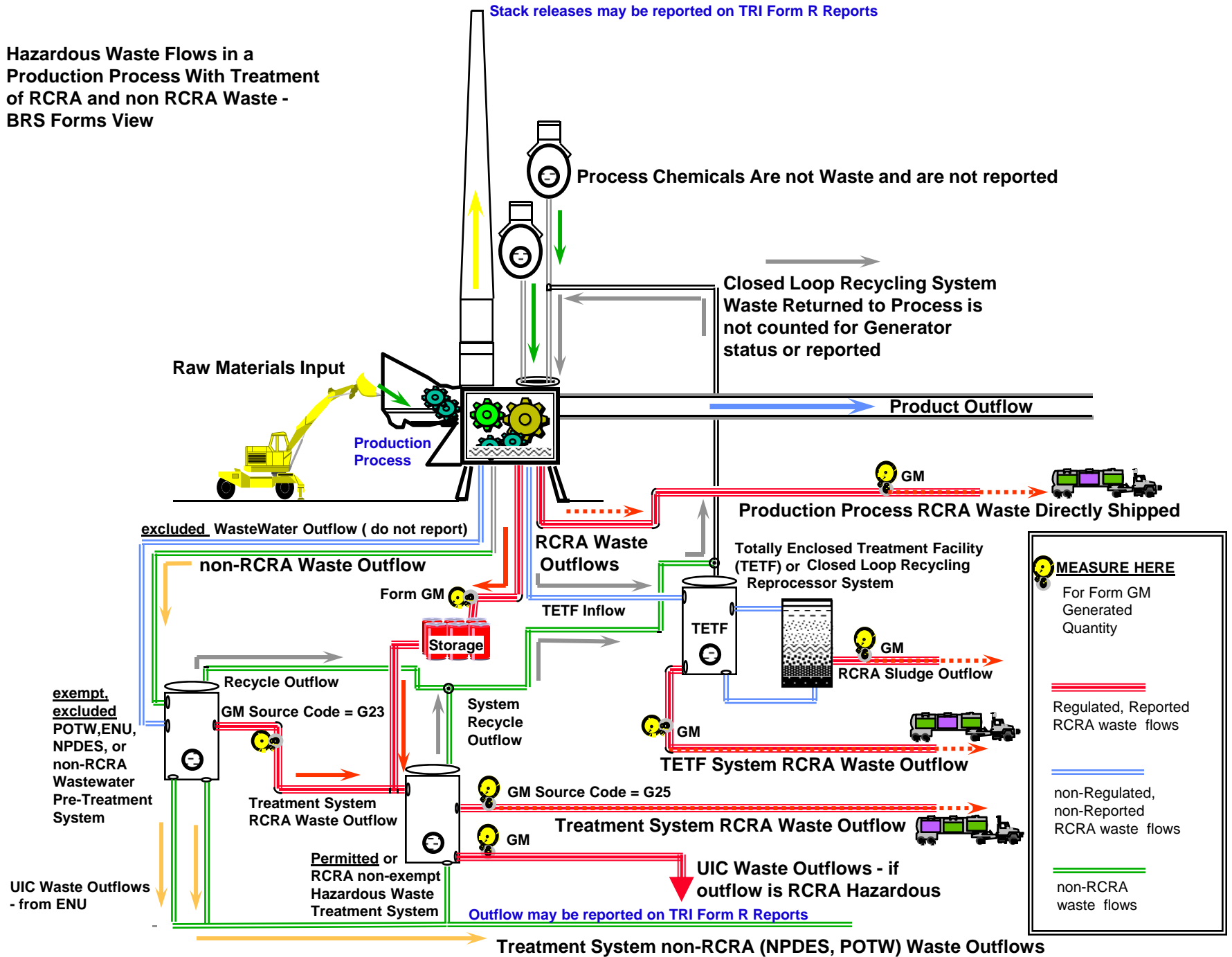
City, State, Zip _____

C. Property Tax Default

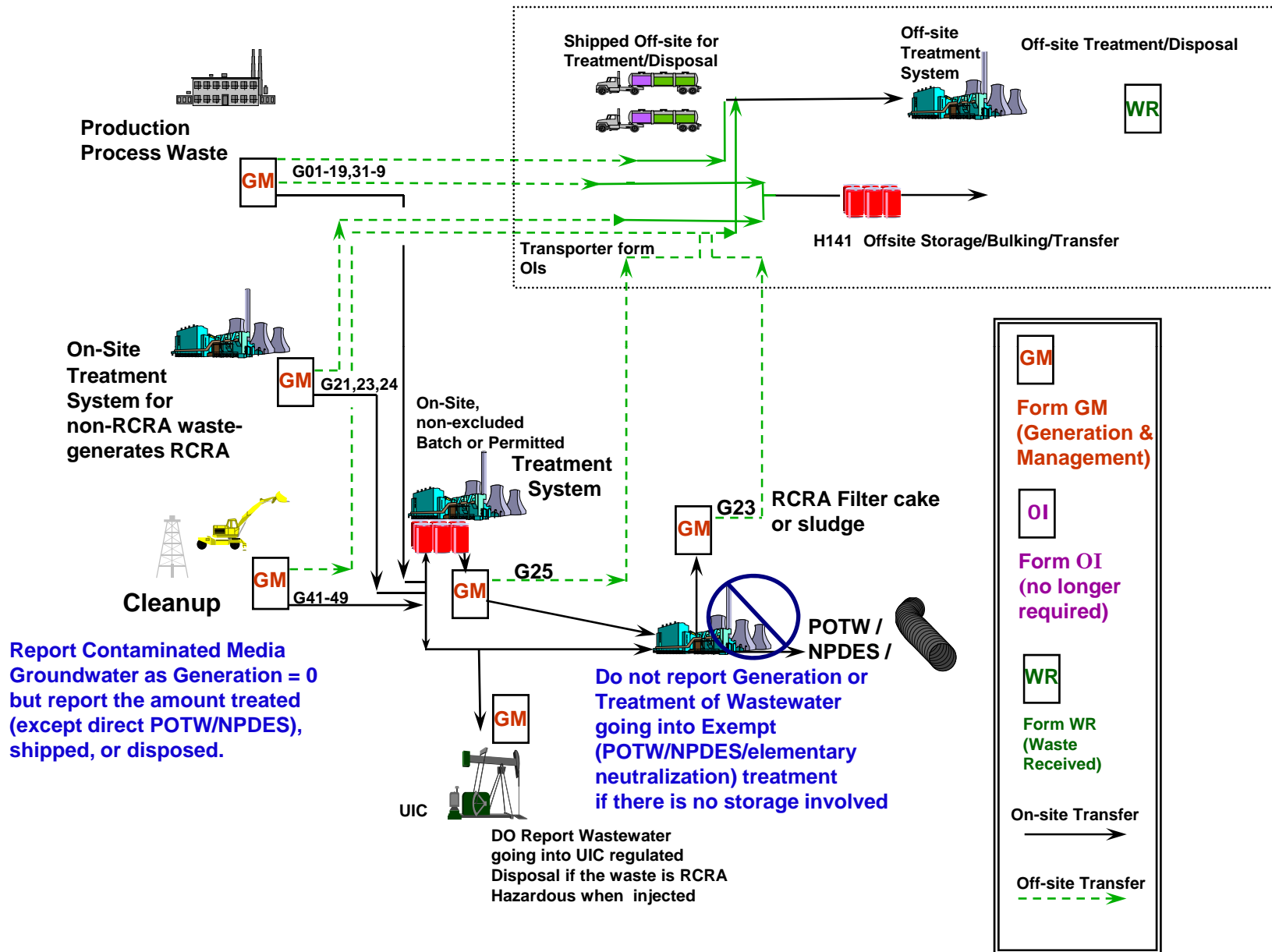
D. Petition for Bankruptcy Protection

		EPA ID No.
<p>13. Certification: 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 fine and imprisonment for knowing violations.</p>		
Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
*(original signature required)	*(required always)	*(required always)

Hazardous Waste Flows in a Production Process With Treatment of RCRA and non RCRA Waste - BRS Forms View



Waste paths through your site or facility and corresponding BRS forms.



The Manifest

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)			
Generator's Phone:					
6. Transporter 1 Company Name			U.S. EPA ID Number		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address			U.S. EPA ID Number		
Facility's Phone:					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazards Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.
				13. Waste Codes	
1.					
2.					
3.					
4.					
14. Special Handling Instructions and Additional Information					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offeror's Printed/typed Name		Signature		Month	Day Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/typed Name		Signature		Month	Day Year
Transporter 2 Printed/typed Name		Signature		Month	Day Year
18. Discrepancy					
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
18b. Alternate Facility (or Generator)			U.S. EPA ID Number		
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)				Month	Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1.	2.	3.	4.		
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/typed Name		Signature		Month	Day Year

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number Form SI box 2	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	
5. Generator's Name and Mailing Address Form SI 3-4				Generator's Site Address (if different than mailing address)		
Generator's Phone: _____						
6. Transporter 1 Company Name Form OI - Is No Longer Required in Florida				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address Form OI - No Longer Required in Florida				U.S. EPA ID Number Form GM Box 3 B		
Facility's Phone: _____						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
1	Form GM Box A			Form GM Box 3.D - sum = Box G	GM Box H	Form GM Box B
2						
3						
4	(Form WR Box A)			(WR E)	(F)	(Form WR Box B)
14. Special Handling Instructions and Additional Information Form GM Box A or Comments						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations, if export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name				Signature		Month Day Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name				Signature		Month Day Year
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
15b. Alternate Facility (or Generator)				U.S. EPA ID Number Form GM Box 3 C		
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)				Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 15a						
Printed/Typed Name				Signature		Month Day Year

Off-Site Shipping Reporting section of the GM form

Sec. 3	A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling? <input type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code shipped to H ____	D. Total quantity shipped in 2011 _____
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code shipped to H ____	D. Total quantity shipped in 2011 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code shipped to H ____	D. Total quantity shipped in 2011 _____
Comments: 			

ALL SITES OR FACILITIES SHOULD FILL OUT AT LEAST 1 FORM GM, IF THEY ARE REQUIRED TO SEND IN THIS HAZARDOUS WASTE REPORT AT ALL.

FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2011 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Tips and information -- Waste Generation Reporting section

Sec 1	A. BRIEF DESCRIPTION OF THE HAZARDOUS WASTE ON THIS PAGE , Chemical Names, Source, Form (Liquid, Solid, Acid, Flammable, Poisonous,) and Origin (Production Process , Treatment, Cleanup, Off-site)		
	B. LIST ALL EPA HAZARDOUS WASTE CODES FOR THIS WASTE STREAM (from manifests, etc.) 1 WASTE STREAM = 1 Form code AND 1 Source code.	C. STATE HAZARDOUS WASTE CODES ARE NOT APPLICABLE IN FLORIDA	
	D. SOURCE CODE : Different Source Code = NEW PAGE Management method code is BLANK UNLESS Source code = G25	E. 1 FORM CODE PER PAGE (New Form Code = new Page)	F. TOTAL WASTE GENERATED in 2011 FOR THIS WASTE STREAM -- Total from manifests, operating records And/or measurement.
			G. UNIT OF MEASUREMENT : Density and type Are required if UOM is 5,6,OR 7.

Waste minimization code is REQUIRED in 2011
(X= none attempted)

On-Site Management Reporting section

Sec 2	EITHER Y OR N MUST BE CHECKED: IF Y IS CHECKED - ON-SITE PROCESS SYSTEM 1 BELOW MUST BE COMPLETED	
	<p>IF QUESTION ABOVE = Y: A SYSTEM USED TO TREAT THIS WASTE STREAM MUST BE REFERENCED IN THIS BOX: THE SYSTEM MUST BE A RCRA HW TREATMENT SYSTEM. TETF, NPDES, AND POTW systems are not reported.</p> <p>If 2 sequential systems are used, a new GM Form must be created to describe the intermediate residual - this is not recommended.</p>	<p>IF 2 SEPARATE SYSTEM TYPES (NOT UNITS) ARE USED IN PARALLEL TO TREAT THIS STREAM , THEN REPORT THE 2ND SYSTEM IN THIS BOX. Complex Systems should be reported as 1 system, if possible.</p>
	<p><u>HAZARDOUS WASTE TREATED ON-SITE WITHOUT INTERVENING STORAGE IN EXEMPT TREATMENT SYSTEMS WITH OUTFLOW TO NPDES or POTW, SHOULD NOT BE REPORTED ON FORM GM.</u> <u>ANY SOLID OR LIQUID RCRA EFFLUENTS FROM THESE SYSTEMS MUST BE REPORTED WITH A SOURCE CODE OF G23.</u></p>	

2011 Hazardous Waste Report code lists with enhanced descriptions.

For all code lists it is most important to chose codes by looking first at the category and second at the actual code description. The codes are hierarchical with the importance of the code characters decreasing in importance form left to right.

Table 1. Source Codes

Code	Source of Generation	Old Code(s)
Wastes directly from ongoing production and service processes -on-going waste from general day to day manufacturing or maintenance activities.		
G01	Dip, flush or spray rinsing (using solvents to clean or prepare parts or assemblies for further processing - i.e. painting or assembly)	A04, A05, A06, A31
G02	Stripping and acid or caustic cleaning (using caustics to remove coatings or layers from parts or assemblies)	A01, A02, A03
G03	Plating and phosphating (electro- or non-electroplating or phosphating)	A22, A23, A24
G04	Etching(using caustics or other methods to remove layers or partial layers)	A27
G05	Metal forming and treatment (pickling, heat treating, punching, bending, annealing, grinding, hardening, etc.)	A25, A26,A40
G06	Painting and coating (manufacturing, building, or maintenance)	A21, A29
G07	Product and by-product processing (direct flow of wastes from Chemical manufacturing or processing, etc.)	A32,A35, A41, A49
G08	Removal of spent process liquids or catalysts(bulk removal of wastes from Chemical manufacturing or processing, etc.)	A36, A37
G09	Other production or service-related processes(where the waste is a direct outflow or result - specify in comments)	A49, A29, A07, A08, A19

G17 is a New code for use with Subpart K – N/A for Florida for 2011

Other Intermittent Events or Processes	
Code	Source Code Description
G11	Discarding off-specification, out-of-date, and/or unused chemicals or products
G12	Lagoon or sediment dragout and leachate collection (large scale operations in open pits, ponds, or lagoons)
G13	Cleaning out process equipment (periodic sludge or residual removal from enclosed processes including internal scrubbing or cleaning)
G14	Removal of tank sludge, sediments, or slag (periodic sludge or residual removal from storage tanks including internal scrubbing or cleaning)
G15	Process equipment change-out or discontinuation of equipment use (final materials and residuals removal including cleaning)
G16	Oil changes and filter or battery replacement (automotive, machinery, etc)
G17	Subpart K laboratory waste clean-out (facility must have opted into the Subpart K rule to use this source code) N/A for Florida
G19	Other one-time or intermittent processes (specify in comments)

Pollution Control and Waste Management Process Residuals	
Code	Source Code Description
G21	Air pollution control devices (baghouse dust or ash from stack scrubbers or precipitators; vapor collection, etc.)
G22	Laboratory analytical wastes (used chemicals from laboratory operations)
G23	Wastewater treatment (sludge, filter cake, etc., including wastes from treatment before discharge by NPDES or POTW or by disposal)
G24	Solvent or product distillation or recovery without storage (sludge, waste solvent, bottoms, from recovery/recycling of used product)
G25	Hazardous waste management - indicate management method (<u>for residuals from regulated hazardous waste treatment processes - enter the related H code</u>)
G26	Leachate collection (from landfill operations or other land units)
G27	Hazardous residual from treatment or recovery of universal waste

Spills and Accidental Releases	
Code	Source Code Description
G31	Accidental contamination of products, materials, or containers (other than G11)
G32	Cleanup of spill residues (infrequent, not routine)
G33	Leak collection and floor sweeping (ongoing, routine)
G39	Other cleanup of current contamination (specify in comments)

Remediation of past contamination		
G41	Closure of hazardous waste management unit under RCRA	A64
G42	Corrective action at a solid waste management unit under RCRA	A63
G43	Remedial action or emergency response under Superfund	A61, A62
G44	State-program or voluntary cleanup	A93, NEW
G45	Underground storage tank cleanup	A65
G49	Other remediation(specify in comments)	A69
Waste not physically generated on-site		
G61	<p>Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 received waste from form(s) WR) off-site.</p> <p>Used only by TSDF facilities or other facilities receiving waste from off-site on a RCRA Hazardous Waste Manifest.</p>	A89,NEW (Origin = 4)

Hazardous waste received from a foreign country (other than a foreign Department of Defense site, Maquiladora, U.S. territory or protectorate).

This site was the generator of record and is the U.S. Importer.

Enter the appropriate code from the list below –

G63	Hazardous waste received from Antarctica
G64	Hazardous waste received from Aruba
G65	Hazardous waste received from Bahamas
G66	Hazardous waste received from Belgium
G67	Hazardous waste received from Brazil
G68	Hazardous waste received from Canada
G69	Hazardous waste received from Holland
G70	Hazardous waste received from Malaysia
G71	Hazardous waste received from Mexico
G72	Hazardous waste received from New Zealand
G73	Hazardous waste received from Taiwan
G74	Hazardous waste received from Venezuela
G75	Hazardous waste received from other foreign country - see Comments for country name

Table 2: Management Method Codes (Ultimate management method at this site)

Code	Waste handling method	Old Code(s)
	Reclamation and recovery	
H010	Metals recovery including retorting, smelting, chemical, etc.	M011-M019
H020	Solvents recovery (distillation, extraction, etc)	M021-M029, M104
H039	Other recovery or reclamation for reuse including acid regeneration, organics recovery, etc.(specify in comments)	M031-M039
H050	Energy recovery at this site - use as fuel (includes on-site fuel blending before energy recovery - report both as one H050 method)	M051-M059
H061	Fuel blending prior to energy recovery at another site. (generated at this site or received from off site)	M061
	Destruction or Treatment prior to disposal at another site	
H040	Incineration - thermal destruction other than use as a fuel (includes any preparation prior to burning)	M041-49
H071	Chemical reduction with or without precipitation (includes any preparation or final processes for consolidation of residuals)	M071
H073	Cyanide destruction with or without precipitation(includes any preparation or final processes for consolidation of residuals)	M073
H075	Chemical oxidation (includes any preparation or final processes for consolidation of residuals)	M075
H076	Wet air oxidation(includes any preparation or final processes for consolidation of residuals)	M076, M084, M093
H077	Other chemical precipitation with or without pre-treatment (includes processes for consolidation of residuals)	M072, M074, M077

H081	Biological treatment with or without precipitation(includes any preparation or final processes for consolidation of residuals)	M081, M091
H082	Adsorption (as the major component of treatment)	M082, M092, M103
H083	Air or steam stripping (as the major component of treatment)	M083
H101	Sludge treatment and/or dewatering (as the major component of treatment - not H071-H083)	M101, M102, M109
H103	Absorption (as the major component of treatment)	M103
H111	Stabilization or chemical fixation prior to disposal at another site. (as the major component of treatment - not H071-H083)	M111
H112	Macro-encapsulation prior to disposal at another site. (as the major component of treatment - not H071-H083)	M112, NEW
H121	Neutralization only (no other treatment - might not need to be reported)	M121
H122	Evaporation(as the major component of treatment - not H071-H083)	M122
H123	Settling or clarification(as the major component of treatment - not H071-H083)	M123
H124	Phase separation(as the major component of treatment - not H071-H083)	M124
H129	Other treatment (specify in comments - not H071-H124)	M078, M079, M085, M089, M094, M089, M099, M119, M125, M129

Disposal		
H131	Land treatment or application (to include any on-site or off-site treatment and/or stabilization prior to disposal on-site)	M131
H132	Landfill or surface impoundment that will be closed as a landfill (to include on-site or off-site treatment and/or stabilization)	M132, M133
H134	Deepwell or underground injection (not neutralized - this waste is counted as a hazardous waste)	M134
H135	Discharge to sewer/POTW or NPDES (with prior storage regulated by RCRA - not necessarily permit required - with or without treatment)	M135, M136
Storage and Transfer		
H141	Storage, bulking, and/or transfer off-site - no treatment(H040-H129), fuel blending(H061), or disposal(H131-H135) at this-site (<u>only used on form WR and the off-site shipments section of Form GM</u> - linked to source code G61 on form GM.)	M141

FORM CODES

Form codes describe the general physical and chemical characteristics of a hazardous waste.

Review the groups and pick the appropriate code.

<u>Mixed Media/Debris/Devices</u> - Waste that is a mixture of organic and inorganic wastes, liquid and solid wastes, or devices that are not easily categorized	
Code	Form Code Description
W001	Lab packs from any source not containing acute hazardous waste
W002	Contaminated debris (see definition at 40 268.2(g) and requirements at 40 268.45): for example, certain paper, clothing, rags, wood, empty fiber or plastic containers, glass, piping, or other solids
W004	Lab packs from any source containing acute hazardous waste
W005	Waste pharmaceuticals
W301	Contaminated soil (usually from spill clean up, demolition, or remediation); see also W512
W309	Batteries, battery parts, cores, casings (lead-acid or other types)
W310	Filters, solid adsorbents, ion exchange resins and spent carbon (usually from production, intermittent processes, or remediation)
W320	Electrical devices (lamps, fluorescent lamps, or thermostats usually containing mercury; CRTs containing lead; etc)
W512	Sediment or lagoon dragout, drilling or other muds (wet or muddy soils); see also W301
W801	Compressed gases of any type
<u>Inorganic Liquids</u> - Waste that is primarily inorganic and highly fluid (e.g., aqueous), with low suspended inorganic solids and low organic content	
Code	Form Code Description
W101	Very dilute aqueous waste containing more than 99% water (land disposal restriction defined wastewater that is not exempt under NPDES or POTW discharge)
W103	Spent concentrated acid (5% or more)
W105	Acidic aqueous wastes less than 5% acid (diluted but pH <2)
W107	Aqueous waste containing cyanides (generally caustic)
W110	Caustic aqueous waste without cyanides (pH >12.5)
W113	Other aqueous waste or wastewaters (fluid but not sludge)
W117	Waste liquid mercury (metallic)
W119	Other inorganic liquid (specify in comments)

FORM CODES - Continued

Organic Liquids - Waste that is primarily organic and is highly fluid, with low inorganic solids content and low-to-moderate water content	
Code	Form Code Description
W200	Still bottoms in liquid form (fluid but not sludge)
W202	Concentrated halogenated (e.g., chlorinated) solvent
W203	Concentrated non-halogenated (e.g., non-chlorinated) solvent
W204	Concentrated halogenated/ non-halogenated solvent mixture
W205	Oil-water emulsion or mixture (fluid but not sludge)
W206	Waste oil managed as hazardous waste
W209	Paint, ink, lacquer, or varnish (fluid – not dried out or sludge)
W210	Reactive or polymerizable organic liquids and adhesives (fluid but not sludge)
W211	Paint thinner or petroleum distillates
W219	Other organic liquid (specify in comments)
Inorganic Solids - Waste that is primarily inorganic and solid, with low organic content and low-to-moderate water content; not pumpable	
Code	Form Code Description
W303	Ash (from any type of burning of hazardous waste)
W304	Slags, drosses, and other solid thermal residues
W307	Metal scale, filings and scrap (including metal drums)
W312	Cyanide or metal cyanide bearing solids, salts or chemicals
W316	Metal salts or chemicals not containing cyanides
W319	Other inorganic solids (specify in comments)
Organic Solids - Waste that is primarily organic and solid, with low-to-moderate inorganic content and water content; not pumpable	
Code	Form Code Description
W401	Pesticide solids (used or discarded – not contaminated soils - W301)
W403	Solid resins, plastics or polymerized organics
W405	Explosives or reactive organic solids
W406	Dried paint (paint chips, filters, air filters, other)
W409	Other organic solids (specify in comments)

Inorganic Sludges - Waste that is primarily inorganic, with moderate-to-high water content and low organic content; mostly pumpable	
Code	Form Code Description
W501	Lime and/or metal hydroxide sludges and solids with no cyanides (not contaminated muds - W512)
W503	Gypsum sludges from wastewater treatment or air pollution control
W504	Other sludges from wastewater treatment or air pollution control
W505	Metal bearing sludges (including plating sludge) not containing cyanides
W506	Cyanide-bearing sludges (not contaminated soils - W512)
W519	Other inorganic sludges (not contaminated muds - W512; specify in comments)

Organic Sludges - Waste that is primarily organic with low-to-moderate inorganic solids content and water content; pumpable	
Code	Form Code Description
W603	Oily sludge (not contaminated muds - W512)
W604	Paint or ink sludges, still bottoms in sludge form (not contaminated muds - W512)
W606	Resins, tars, polymer or tarry sludge (not contaminated muds - W512)
W609	Other organic sludge (specify in comments)

Review the Form Codes and enter the code that best corresponds to the physical form or chemical composition of the hazardous waste reported in Section 1, Item A. Choose the **group** (organic liquid, etc..) that corresponds to the Waste as a whole (not the Hazardous part) first and then choose the best code in that group. Example – Waste-Water with 10% Pesticide solids is an Inorganic Liquid (W113), not an Organic Solid. Only dry (or nearly dry) Pesticide solids is W401.

ALL SITES OR FACILITIES SHOULD FILL OUT AT LEAST 1 FORM GM, IF THEY ARE REQUIRED TO SEND IN THIS HAZARDOUS WASTE REPORT AT ALL.

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM
GM

Off-Site Shipping Reporting section of the GM form

Sec 3	A. Y OR N <u>MUST</u> BE CHECKED : IF Y IS CHECKED, ENTER THE FACILITIES YOU SENT YOUR WASTE TO IN 2005 AND ADD UP HOW MUCH WAS SHIPPED TO EACH FACILITY IN 2005 FROM YOUR MANIFESTS (BY STREAM)		
1,2 I WOULD LIKE TO SEE THE NAME OF THE FACILITY HERE ON SMALL REPORTS TO SAVE TIME CORRECTING BAD ID NUMBERS	B. ENTER THE EPA ID OF THE <u>FACILITY</u> (NOT TRANSPORTER) THAT THIS WASTE WAS MANIFESTED TO IN 2005 : IF THIS WASTE WAS <u>MANIFESTED TO A BULKING/STORAGE POINT</u> , THEN PUT THE ID OF <u>THAT</u> SITE HERE, NOT THE ID OF THE FINAL DESTINATION: USE THE <u>FACILITY ID</u> ON YOUR MANIFEST HERE. IF MORE THAN 3 FACILITIES WERE USED, USE ADDITIONAL PAGES (OR SOFTWARE).	C. ENTER THE SYSTEM TYPE CODE TO SHOW WHAT WAS DONE WITH <u>THIS</u> WASTE AT <u>THIS</u> FACILITY: (H141 FOR BULKING OR STORAGE)	D. SUM QUANTITIES FROM MANIFESTS BY FACILITY: CONVERTED TO SAME UOM AS THE GENERATED QUANTITY. THE SUM OF THESE QUANTITIES IS USUALLY BUT NOT NECESSARILY THE Generation - Treatment

Comments

ANY RCRA EFFLUENT OR SLUDGE FROM RCRA TREATMENT REQUIRES A NEW FORM GM WITH A **Source Code of G25** IF IT IS SHIPPED OFFSITE (OR MANAGED ON-SITE IN A SUBSEQUENT RCRA REGULATED TREATMENT OR DISPOSAL SYSTEM).

Color code
the Manifests
and add
Form and
Source
codes to
compile for
form GM

Please print or type. (Form designed for use on efile (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number | 2. Page 1 of | 3. Emergency Response Phone | 4. Manifest Tracking Number

5. Generator's Name and Mailing Address | Generator's Site Address (if different than mailing address)

Generator's Phone: _____

6. Transporter 1 Company Name | U.S. EPA ID Number

7. Transporter 2 Company Name | U.S. EPA ID Number

8. Designated Facility Name and Site Address | U.S. EPA ID Number

Facility's Phone: _____

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
1	[Green Box]			[Green Box]	[Green Box]	[Green Box]	[Green Box]
2	[Yellow Box]			[Yellow Box]	[Yellow Box]	[Yellow Box]	
3	[Red Box]			[Red Box]	[Red Box]	[Red Box]	[Red Box]
4	[Yellow Box]			[Yellow Box]	[Yellow Box]	[Yellow Box]	

14. Special Handling Instructions and Additional Information

Multiple manifest line items with the same Source and Form Code (G11 W110) can be combined on the same form GM

I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Operator's Printed/typed Name | Signature | Month | Day | Year

16. International Shipments Import to U.S. Export from U.S. | Port of entry/text: _____ | Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/typed Name | Signature | Month | Day | Year

Transporter 2 Printed/typed Name | Signature | Month | Day | Year

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Manifest Reference Number: _____

18b. Alternate Facility (or Generator) | U.S. EPA ID Number

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator) | Month | Day | Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. [Green Box] 2. [Yellow Box] 3. [Red Box] 4. _____

20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a

Printed/typed Name | Signature | Month | Day | Year

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

G19 W103
G11 W110
G01 W203
G11 W110

Example 1 – Simple Waste Generation and shipping:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:		U.S. ENVIRONMENTAL PROTECTION AGENCY 2011 Hazardous Waste Report WASTE GENERATION AND MANAGEMENT	
SITE NAME: <u>Generator name (you)</u>			
<u>Generator Address</u>			
EPA ID Number	<u>F L D 0 0 1 2 3 4 5 6 7 </u>	GM FORM	
Sec. 1	A. Waste description: <u>Solvents Generated and shipped off-site for Recycling</u>		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)		
<u>D 001 </u>	<u>N/A</u>		
D. Source code	E. Form code	F. Quantity generated in 2011	G. Waste minimization code
<u>G 01 </u>	<u>W 203 </u>	<u>303 </u>	<u>Y</u>
Management Method code for Source code G25	(Liquid)	UOM <u>2</u>	
<u>H N/A </u>		Density _____ □ lbs/gal □ sg	
Sec. 2	Was any of this waste managed on site?		
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed or recycled on site in 2011	On-site Management Method code	Quantity treated, disposed or recycled on site in 2011
<u>H N/A </u>	<u>N/A </u>	<u>H </u>	<u> </u>

Example 1 – Simple Waste Generation and shipping:

Sec. 3	A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped F L D 9 0 4 2 3 4 5 6 9	C. Off-site Management Method code shipped to H 1 4 1	D. Total quantity shipped in 2011 1 0 1
Site 2	B. EPA ID No. of facility to which waste was shipped G A D 9 0 4 2 3 4 5 6 9	C. Off-site Management Method code shipped to H 0 4 1	D. Total quantity shipped in 2011 2 0 2
Site 3	B. EPA ID No. of facility to which waste was shipped 	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2011
Comments:			

FLD904234569 Bulks and Ships to Illinois for recycling. Only FLD904234569 is shown on the report (not the final destination Facility in Illinois). Some of the solvent that was too thick to recover was shipped to GAD904234569. 101+202 (shipped) = 303 (the quantity generated). All quantities on the page in are in Tons (2) as entered in the UOM box in the Generation section of the GM form.

Example 2 – Waste Generation and On-Site Management: Form #1 – (all generated solvent goes directly into the solvent still)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:		U.S. ENVIRONMENTAL PROTECTION AGENCY	
SITE NAME: <u>Generator name (you)</u>		2011 Hazardous Waste Report	
<u>Generator Address</u>		GM FORM	WASTE GENERATION AND MANAGEMENT
EPA ID Number	<u>F L D 0 0 1 2 3 4 5 6 7 </u>		
Sec. 1	A. Waste description: <u>Solvents Generated and Recycled on-site</u>		
B. EPA hazardous waste code(s) <u>D 00 1 F 0 0 3 </u>		C. State hazardous waste code(s) <u>N/A</u>	
D. Source code <u>G 0 1 </u> (Cleaning) Management Method code for Source code G25 <u>H N/A </u>	E. Form code <u>W 2 0 3 </u> (Liquid)	F. Quantity generated in 2011 <u>3 0 3 </u> UOM <u>2 </u> Density <u> </u> lbs/gal <input type="checkbox"/> sg	G. Waste minimization code <u>R </u>
Sec. 2	Was any of this waste managed on site? <input checked="" type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code <u>H 0 2 0 </u>	Quantity treated, disposed or recycled on site in 2011 <u>3 0 3 </u>	On-site Management Method code <u>H </u>	Quantity treated, disposed or recycled on site in 2011 <u> </u>

Example 2 – Waste Generation and On-Site Management:

Form #1 – NO Off-Site Shipping Reporting on the Treatment GM form

Sec. 3	A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling? <input type="checkbox"/> Yes (CONTINUE TO ITEM B) <input checked="" type="checkbox"/> No (FORM IS COMPLETE)														
Site 1	B. EPA ID No. of facility to which waste was shipped <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					C. Off-site Management Method code shipped to <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">H</td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>	H				D. Total quantity shipped in 2011 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
H															
Site 2	B. EPA ID No. of facility to which waste was shipped <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					C. Off-site Management Method code shipped to <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">H</td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>	H				D. Total quantity shipped in 2011 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
H															
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H															
Comments:															
<p>If some of the waste solvent that was too thick to go into the solvent still and was shipped directly to a TSDF with no treatment, only that part of the solvent would be reported on this part of the form. Began on-site recycling this year.</p>															

Example 2 – Waste Generation and On-Site Management: Form #2 – Resulting solvent still bottoms shipped off-site

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:		U.S. ENVIRONMENTAL PROTECTION AGENCY	
SITE NAME: <u>Generator name (you)</u>		2011 Hazardous Waste Report	
<u>Generator Address</u>		GM FORM	WASTE GENERATION AND MANAGEMENT
EPA ID Number	<u>F L D 0 0 1 2 3 4 5 6 7 </u>		
Sec. 1	A. Waste description: <u>Solvent still bottoms Generated and shipped off-site</u>		
B. EPA hazardous waste code(s) <u>D 0 0 1 F 0 0 3</u>		C. State hazardous waste code(s) <u>N/A</u>	
D. Source code <u>G 2 5</u> (Treatment) Management Method code for Source code G25 <u>H 0 2 0</u> (Form #1 Sec. 2)	E. Form code <u>W 6 0 4</u> (Sludge)	F. Quantity generated in 2011 <u>3 0</u> UOM <u>2</u> Density _____ lbs/gal <input type="checkbox"/> sg	G. Waste minimization code <input checked="" type="checkbox"/>
Sec. 2	Was any of this waste managed on site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code <u>H N/A</u>	Quantity treated, disposed or recycled on site in 2011 <u>N/A</u>	On-site Management Method code <u>H</u>	Quantity treated, disposed or recycled on site in 2011 _____

Example 2 – Waste Generation and On-Site Management:

Form #2 – Resulting solvent still bottoms shipped off-site

Sec. 3	A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped FLD 904234569	C. Off-site Management Method code shipped to H141	D. Total quantity shipped in 2011 30
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2011
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2011

Comments:

These solvent still bottoms were too thick to go back into the solvent still and were shipped directly to a TSDF for management (in this case bulking and shipping), the waste solvent that goes into the recycling still is not reported on this form.

ALL TREATMENT FACILITIES, BULKING FACILITIES, STORAGE FACILITIES, OR GENERATORS ACCEPTING RCRA HAZARDOUS WASTE FROM OFF-SITE SHOULD FILL OUT AT LEAST 1 FORM WR

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 Hazardous Waste Report

FORM
WR

WASTE RECEIVED FROM OFF-SITE

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WASTE 1	A. SHORT DESCRIPTION OF WASTE RECEIVED FROM OFF-SITE: CHEMICAL NAME, TOXIC, FLAMMABLE, CAUSTIC?	B. HAZARDOUS WASTE CODES FROM MANIFEST AND/OR TESTING.	C. State Waste Codes are NOT APPLICABLE IN FLORIDA
	D. GENERATORS EPA ID NUMBER FROM THE MANIFESTS (SAME AS ON FORM OI) 1 FORM WR PER TREATMENT SYSTEM PER FORM CODE PER GENERATOR (NOT PER SHIPMENT)	E. SUM QUANTITIES FROM MANIFESTS BY TREATMENT SYSTEM BY FORM CODE BY GENERATOR (CONVERTED TO A COMMON UNIT OF MEASUREMENT)	F. UNIT OF MEASURE DENSITY AND DENSITY TYPE ARE REQUIRED IF THE UNIT OF MEASURE IS 1-7 5,6,OR 7
	G. WASTE FORM CODE (SAME AS FORM GM) USED BY EPA TO MATCH SHIPPED TO RECEIVED	H. SYSTEM TYPECODE MUST MATCH FORM GM SYSTEM TYPE CODES FOR ANY RCRA EFFLUENT FROM THIS TREATMENT SYSTEM.	

Example for RCRA waste MANAGED AT THIS TSD FACILITY BY ON-SITE TREATMENT (INCLUDING FUEL BLENDING).

WASTE EXAMPLE 1	THIS WASTE IS <u>TREATED ON-SITE</u> IN A TREATMENT SYSTEM (PERMITTED)	THESE EPA HAZARDOUS WASTE CODES MAY BE LEGALLY TREATED IN THIS TREATMENT SYSTEM.	State Waste Codes are NOT APPLICABLE IN FLORIDA
	TELL THIS GENERATOR THE FORM AND SYSTEM CODES YOU USE FOR THIS WASTE TO ENSURE CONTINUITY OF REPORTING FROM SITE TO FACILITY	THESE QUANTITIES AND ANY ON-SITE GENERATION QUANTITIES SHOULD ADD UP TO EQUAL THE RCRA INFLUENT OF THIS TREATMENT SYSTEM. (+/- ANY STORAGE CARRY-OVER)	F. UNIT OF MEASURE DENSITY AND DENSITY TYPE ARE REQUIRED IF THE UNIT OF MEASURE IS 5-7 5,6,OR 7
	THIS FORM CODE MUST BE VALID FOR THIS TREATMENT SYSTEM <u>CODE</u>	<u>H010-H134</u> ANY EFFLUENTS OR SLUDGES FROM THESE SYSTEMS ARE TRACKED ON FORM(S) GM.	

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: _____

EPA ID Number

U.S. ENVIRONMENTAL PROTECTION AGENCY

2011 Hazardous Waste Report

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler EPA ID number	
E. Quantity received in 2009	F. UOM <input type="text"/> Density <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code	H. Management Method code

Example for RCRA waste TRANSFERRED TO AN OFF-SITE FACILITY WITH NO ON-SITE TREATMENT .

WASTE EXAMPLE 2	THIS WASTE IS TRANSFERRED TO AN OFF-SITE FACILITY WITH NO ON-SITE TREATMENT .	THESE EPA HAZARDOUS WASTE CODES MUST MATCH WASTE CODES ON A FORM GM WITH A Source Code = G61,G62	State Waste Codes are NOT APPLICABLE IN FLORIDA
TELL THIS GENERATOR THE FORM CODE YOU USE FOR THIS WASTE , AND THAT THE SYSTEM TYPE CODE IS H141.	THESE QUANTITIES AND SHOULD ADD UP TO EQUAL THE GENERATION QUANTITY ON A FORM GM WITH THIS FORM CODE AND A Source Code = G61,G62	CONVERT OR MATCH TO A FORM GM F. UNIT OF MEASURE = 1-4	DENSITY AND DENSITY TYPE ARE NOT REQUIRED IF THE UNIT OF MEASURE IS 1,2,3,OR 4
THIS FORM CODE MUST MATCH THE FORM CODE ON A FORM GM WITH AN Source Code = G61,G62	H141 THIS WASTE MUST BE TRACKED THROUGH A FORM GM WITH A Source Code = G61,G62 AND THE SAME FORM CODE TO TRACK THIS WASTE'S SHIPMENTS TO ITS FINAL DISPOSITION.		

EACH H141 WASTE MUST BE MATCHED TO AT LEAST 1 FORM GM BY FORM CODE, IF NOT TREATED ON-SITE. 1 FORM Source Code = G61 GM MAY MATCH TO MANY H141 FORMS WR. THESE FORMS ARE BEST SUBMITTED ELECTRONICALLY SO THAT THE AUTOMATIC ERROR CHECKING FEATURES WILL CHECK YOUR WORK FOR YOU. THE DISK WILL SHOW ONLY ONE FORM PER PAGE.