

2008 HAZARDOUS WASTE REPORT FORMS

READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORMS

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9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities
 Complete all parts for 1 through 6.

- Y N **1. Generator of Hazardous Waste**
 If "Yes", choose only one of the following - a, b, or c.
- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
 - b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
 - c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste
- In addition, indicate other generator activities.**
- Y N d. United States Importer of Hazardous Waste
- Y N e. Mixed Waste (hazardous and radioactive) Generator

- Y N **2. Transporter of Hazardous Waste**
- Y N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.
- Y N **4. Recycler of Hazardous Waste (at your site)**
- Y N **5. Exempt Boiler and/or Industrial Furnace**
 If "Yes", mark each that applies.
- a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, and Refining
- Y N **6. Underground Injection Control**

B. Universal Waste Activities

- Y N **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:**
- Managed
- a. Batteries
 - b. Pesticides
 - c. Thermostats
 - 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
 Mark all boxes that apply.

- Y N **1. Used Oil Transporter**
 If "Yes", mark each that applies.
- a. Transporter
 - b. Transfer Facility
- Y N **2. Used Oil Processor and/or Re-refiner**
 If "Yes", mark each that applies.
- a. Processor
 - b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.
- 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

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: _____

EPA ID NO:

____|____|____|____|____|____|____|____|____|____|

**FORM
WR**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**
2008 Hazardous Waste Report
**WASTE RECEIVED
FROM OFF SITE**

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

<p>A. Description of hazardous waste</p> <p>Waste 1</p>	<p>B. EPA hazardous waste code</p> <p>____ ____ ____ ____ ____ ____ </p> <p>____ ____ ____ ____ ____ ____ </p>	<p>C. State hazardous waste code</p> <p>____ ____ ____ ____ ____ ____ </p> <p>____ ____ ____ ____ ____ ____ </p>
<p>D. Off-site handler EPA ID number</p> <p>____ ____ ____ ____ ____ ____ ____ ____ ____ ____ </p>	<p>E. Quantity received in 2008</p> <p>____ ____ ____ ____ ____ ____ ____ ____ ____ ____ </p>	<p>F. UOM Density</p> <p>____ ____ ____ ____ </p> <p><input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg</p>
<p>G. Form code LW____ ____ ____ </p>		<p>H. Management Method code LH____ ____ ____ </p>
<p>A. Description of hazardous waste</p> <p>Waste 2</p>	<p>B. EPA hazardous waste code</p> <p>____ ____ ____ ____ ____ ____ </p> <p>____ ____ ____ ____ ____ ____ </p>	<p>C. State hazardous waste code</p> <p>____ ____ ____ ____ ____ ____ </p> <p>____ ____ ____ ____ ____ ____ </p>
<p>D. Off-site handler EPA ID number</p> <p><input type="checkbox"/> Mark if same as in Waste 1</p> <p>____ ____ ____ ____ ____ ____ ____ ____ ____ ____ </p>	<p>E. Quantity received in 2008</p> <p>____ ____ ____ ____ ____ ____ ____ ____ ____ ____ </p>	<p>F. UOM Density</p> <p>____ ____ ____ ____ </p> <p><input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg</p>
<p>G. Form code LW____ ____ ____ </p>		<p>H. Management Method code LH____ ____ ____ </p>
<p>A. Description of hazardous waste</p> <p>Waste 3</p>	<p>B. EPA hazardous waste code</p> <p>____ ____ ____ ____ ____ ____ </p> <p>____ ____ ____ ____ ____ ____ </p>	<p>C. State hazardous waste code</p> <p>____ ____ ____ ____ ____ ____ </p> <p>____ ____ ____ ____ ____ ____ </p>
<p>D. Off-site handler EPA ID number</p> <p><input type="checkbox"/> Mark if same as in Waste 2</p> <p>____ ____ ____ ____ ____ ____ ____ ____ ____ ____ </p>	<p>E. Quantity received in 2008</p> <p>____ ____ ____ ____ ____ ____ ____ ____ ____ ____ </p>	<p>F. UOM Density</p> <p>____ ____ ____ ____ </p> <p><input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg</p>
<p>G. Form code LW____ ____ ____ </p>		<p>H. Management Method code LH____ ____ ____ </p>

Comments:

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INSTRUCTIONS FOR FILLING OUT FORM OI – OFF-SITE IDENTIFICATION

WHO MUST SUBMIT THIS FORM

Sites required to file the 2008 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State; **AND**
- The site received hazardous waste from off site or sent hazardous waste off site during 2008.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO FILL OUT THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 2008. If these off-site installations and transporters total more than four, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., "Other" responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and box letter to which the comment refers.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 2008. Complete Boxes A through C for each transporter you used during the year (address in Box D is not required for transporters).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID Number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 2008, enter "NA" in Box A and note the reason in the Comments section.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler type

Mark all boxes that apply to the handler type (i.e., generator, transporter, or treatment, storage, or disposal (TSD) facility) of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.