



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 HAZARDOUS WASTE PROGRAM
 P.O. BOX 176
 JEFFERSON CITY, MISSOURI 65102
 (573) 751-3176

**GENERATOR'S HAZARDOUS WASTE
 SUMMARY REPORT - PART I**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

GENERATOR'S NAME
CONTACT PERSON (NAME)
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX)
CITY STATE ZIP CODE
GENERATOR'S EPA I.D. NUMBER
GENERATOR'S MISSOURI I.D. NUMBER

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION (Complete Item 1 or Item 2, NOT BOTH)

1. ANNUAL 7/1 _____ (YEAR) to 6/30 _____ (YEAR)	2. QUARTERLY FOR THE PERIOD ENDING <input type="checkbox"/> 9/30 _____ (YEAR) <input type="checkbox"/> 12/31 _____ (YEAR) <input type="checkbox"/> 3/31 _____ (YEAR) <input type="checkbox"/> 6/30 _____ (YEAR)	3. PAGE 1 OF _____
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SECTION B - GENERATOR IDENTIFICATION

NOTE: Complete only those items where the information has changed.

4. GENERATOR'S NAME <input type="checkbox"/> HAS CHANGED
5. GENERATOR CONTACT PERSON (NAME) <input type="checkbox"/> HAS CHANGED
TELEPHONE NUMBER <input type="checkbox"/> HAS CHANGED
6. MAILING ADDRESS <input type="checkbox"/> HAS CHANGED
CITY STATE ZIP CODE
7. PLANT SITE ADDRESS
CITY STATE ZIP CODE
8. NAME OF PARENT FIRM <input type="checkbox"/> HAS CHANGED

SECTION C - STATUS OF WASTE GENERATED

9. NUMBER OF SHIPMENTS MADE. Enter the number of shipments made this reporting period. If greater than zero, complete Part 2, attach completed hazardous waste manifests, sign certification and transmit to the department. If zero, check item 10 or item 11, whichever is appropriate.	10. REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)	11. REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2)
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SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined an am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME	SIGNATURE	DATE
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**GENERATOR'S HAZARDOUS WASTE
 SUMMARY REPORT - PART II**

BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

GENERATOR NAME _____

EPA ID NUMBER _____

MISSOURI I.D. NUMBER _____

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility listed.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART 1)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR) 2. PAGE _____

9/30 _____ (YEAR) 12/31 _____ (YEAR)

3/31 _____ (YEAR) 6/30 _____ (YEAR) _____ OF _____

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED) _____

4. FACILITY'S EPA I.D. NUMBER _____

5. FACILITY SITE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SECTION H - WASTE IDENTIFICATION

LINE	6. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	7. EPA HAZARDOUS WASTE NUMBER	8. TAX CODE (SEE INST.)	9. TOTAL AMOUNT OF WASTE	10. UNIT OF MEAS.	11. SPECIFIC GRAVITY	12. FINAL HANDLING CODE
1							
2							
3							
4							
5							
6							
7							
8							

SECTION I - TRANSPORTATION SERVICES UTILIZED

	13. COMPANY NAME	14. MISSOURI ID NO.	15. US EPA ID NUMBER
a		H ₁ -	
b		H ₁ -	
c		H ₁ -	

SECTION J - COMMENTS

16. _____