



NORTH DAKOTA GENERATOR 2017 HAZARDOUS WASTE REPORT

North Dakota Department of Health
Division of Waste Management - Hazardous Waste Program

All Sections Must Be Completed. This report is for the calendar year ending December 31, 2017

Mail Completed Form (Due March 1, 2018) To: ND Dept. of Health, 1120 28th Ave N, Suite B, Fargo ND 58102

SECTION I - Site Information		
1. Site State/EPA ID Number:		
2. Site Legal Name:		
3. Street Address : (<u>No</u> post office box or route number)		
Address:		
City:	State:	
County Name:	Zip Code:	
4. Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
5. North American Industry Classification System (NAICS) Code(s) for the Site: (6 digit codes only)		
A.	B.	
C.	D.	
6. Site Mailing Address: (If the mailing address is the same as the street address, enter "same")		
Street or P. O. Box:		
City:	State:	Zip Code:
7. Site Contact Person: (If the contact mailing address is the same as the street address, enter "same" in the street box)		
First Name:	MI:	Last Name:
Title:		
Street or P. O. Box:		
City:	State:	Zip Code:
Phone:	Extension:	
Email:		

8. Legal Owner and Operator of the Site: (If the operator is the same as the owner, enter "same" in the name of site operator box. If the owner and operator mailing address is the same as the site mailing address, enter "same" in the street box.)

A. Name of Site's Legal Owner:	Date Became Owner (mm/dd/yyyy):
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Owner Type: Private County District Federal Indian Municipal State Other

Street or P. O. Box:

City:	State:	Zip Code:
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B. Name of Site's Operator:	Date Became Operator (mm/dd/yyyy):
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Operator Type: Private County District Federal Indian Municipal State Other

Street or P. O. Box:

City:	State:	Zip Code:
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9. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your Site).

A. Hazardous Waste Activities

<p>1. Generator of Hazardous Waste (Choose only one of the following three categories.)</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.)</p> <p>In addition, indicate other generator activities. (Mark all that apply)</p> <p><input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p>For Items 2 through 6, mark all that apply.</p> <p><input type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.</p> <p>5. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> 6. Underground Injection Control</p>
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<p>B. Universal Waste Activities</p> <p>1. Large Quantity Handler of Universal Waste (accumulates 5,000 kg or more of any universal waste (calculated collectively) at any one time). Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Generate</th> <th style="width: 20%; text-align: center;">Accumulate</th> </tr> </thead> <tbody> <tr> <td>a. Batteries</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Pesticides</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Mercury Containing Devices</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Lamps</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><input type="checkbox"/> 2. Destination Facility for Universal Waste (Note: A hazardous waste permit may be required for this activity).</p>		Generate	Accumulate	a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	c. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<p>C. Used Oil Activities (Mark all boxes that apply.)</p> <p>1. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
	Generate	Accumulate														
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>														
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>														
c. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>														
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>														

SECTION II - Waste Identification.							
	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)				C. Amount of Waste	D. Unit of Measure (P or G)
1							
2							
3							
4							
5							

SECTION III - Offsite Identification.			
Site 1	A. EPA ID No. of designated facility or transporter	B. Name of designated facility or transporter	
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR (Designated Facility)		D. Address of designated facility or transporter Street: City: State: Zip Code:	

Site 2	A. EPA ID No. of designated facility or transporter	B. Name of designated facility or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR (Designated Facility)		D. Address of designated facility or transporter Street: City: State: Zip Code:
Site 3	A. EPA ID No. of designated facility or transporter	B. Name of designated facility or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR (Designated Facility)		D. Address of designated facility or transporter Street: City: State: Zip Code:
Site 4	A. EPA ID No. of designated facility or transporter	B. Name of designated facility or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR (Designated Facility)		D. Address of designated facility or transporter Street: City: State: Zip Code:

SECTION IV - 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.

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