

Site Name: _____

EPA ID Number NY _____

Calendar Year Being Reported (CYBR) - 2014

GM FORM

Sec. 1 Waste Characterization	A. Waste Description
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B. EPA Hazardous Waste Codes _____ _____	C. State Hazardous Waste Codes _____ _____
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D. Source Code <u>G</u> _____ Management Method Code for Source Code G25 <u>H</u> _____	E. Form Code <u>W</u> _____	F. Quantity Generated in CYBR _____ UOM <u> </u> Density <u> </u> . <u> </u> <u> </u> Lbs/gal	G. Waste Minimization Code <u> </u> H. Regulatory Fees Wastewater Exempt Remedial Exempt Recycling
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Sec. 2 Waste Management On Site	A. Was any of this waste managed on-site? <input type="checkbox"/> Yes (COMPLETE ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> No (SKIP TO SEC 3)
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B. ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code <u>H</u> _____	Quantity treated, disposed, or recycled on site in CYBR _____	On-site Management Method Code <u>H</u> _____	Quantity treated, disposed, or recycled on site in CYBR _____

Sec. 3 Waste Management Off Site	A. Was any of this waste shipped off site during CYBR? Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)
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Site 1	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method Code shipped to <u>H</u> _____	D. Total quantity shipped in CYBR _____
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method Code shipped to <u>H</u> _____	D. Total quantity shipped in CYBR _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method Code shipped to <u>H</u> _____	D. Total quantity shipped in CYBR _____

Comments