



Site Name: _____

EPA ID Number NY _____

Calendar Year Being Reported (CYBR) - 2015

GM FORM

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT FORM

Sec. 1 Waste Characterization		A. Waste Description	
B. EPA Hazardous Waste Codes _____ _____		C. State Hazardous Waste Codes _____ _____	
D. Source Code <u>G</u> _____ Management Method Code for Source Code G25 <u>H</u>	E. Form Code <u>W</u> _____ UOM <input type="checkbox"/> Density <u> </u> . <u> </u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	F. Quantity Generated in CYBR _____	G. Waste Minimization Code <input type="checkbox"/> H. Regulatory Fees Wastewater <input type="checkbox"/> Exempt Remedial <input type="checkbox"/> Exempt Recycling <input type="checkbox"/>
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)		
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? <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 <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			