



GM FORM

Site Name: _____

EPA ID Number N Y _____

Calendar Year Being Reported (CYBR) - 2018

Sec. 1 Waste Characterization	A. Waste Description	
	B. EPA Hazardous Waste Codes	C. State Hazardous Waste Codes

_____ _____ _____	_____ _____ _____
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D. Source Code <u> G </u>	E. Form Code <u> W </u>	F. Quantity Generated in CYBR _____. UOM <input type="checkbox"/> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sq	G. Waste Minimization Code <input type="checkbox"/>
Management Method Code for Source Code G25 <u> H </u>		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 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 _____
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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)
	B. EPA ID No. of facility to which waste was shipped

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code shipped to	D. Total quantity shipped in CYBR
Site 1	_____	<u> H </u>	_____
Site 2	_____	<u> H </u>	_____
Site 3	_____	<u> H </u>	_____

Comments