



GM FORM

Site Name: \_\_\_\_\_

EPA ID Number   N  Y   \_\_\_\_\_

Calendar Year Being Reported (CYBR) - 2016

<b>Sec. 1</b> 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> Lbs/gal <input type="checkbox"/>	G. Waste Minimization Code <input type="checkbox"/>	H. Regulatory Fees Wastewater <input type="checkbox"/> Exempt Remedial <input type="checkbox"/> Exempt Recycling <input type="checkbox"/>
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<b>Sec. 2</b> 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 _____

<b>Sec. 3</b> 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)
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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