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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Generator Facility Information** | | | | | | **Designated Facility Information\*** | | |
| Facility Name: |  | Contact Name: |  | | | Facility Name: | |  |
| Facility Street Address: |  | Contact Phone: |  | | | EPA ID#: | |  |
| City, State: |  | Contact Email: |  | | | City, State: | |  |
| EPA ID #: |  | Generator Status  (SQG, LQG): |  | | | Method of Treatment or Disposal: | |  |
| Waste Description | | EPA Waste Code(s) | | Containers | | Estimated Weight or Volume  (Quantity and Unit) | Original  Accumulation End Date  (90, 180, or 270 day) | |
| No. | Type |
|  | |  | |  |  |  |  | |
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Facility Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_