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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) | OriginalAccumulation End Date(90, 180, or 270 day) |
| No.  | Type |
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Facility Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_