



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF ENVIRONMENTAL QUALITY
 HAZARDOUS WASTE PROGRAM
HAZARDOUS WASTE GENERATOR'S EXCEPTION REPORT

PO BOX 176
 JEFFERSON CITY, MISSOURI 65102-0176
 573-751-3176

NOTE: See page 2 for Instructions to complete this form.

IMPORTANT – IF A COMPLETED HAZARDOUS WASTE MANIFEST IS NOT RETURNED BY THE DESIGNATED WASTE-HANDLING FACILITY WITH 35 DAYS OF THE DATE THE FIRST TRANSPORTER TOOK POSSESSION OF THE HAZARDOUS WASTE SHIPMENT, THEN THIS FORM MUST BE COMPLETED AND SENT TO THE DEPARTMENT WITH 45 DAYS OF THE ORIGINAL SHIPMENT DUE DATE. FAILURE TO DO SO MAY RESULT IN ENFORCEMENT ACTIONS INTITATED BY THE DEPARTMENT.

ORIGINAL SHIPMENT DATE	DATE THIS FORM WAS COMPLETED
------------------------	------------------------------

1. GENERATOR'S NAME			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
U.S. EPA I.D. NUMBER			

2. FIRST TRANSPORTER'S NAME (LIST ADDITIONAL TRANSPORTERS ON A SERARATE SHEET			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
U.S. EPA I.D. NUMBER			

3. DESIGNATED FACILITY NAME		CITY	STATE	ZIP CODE
ADDRESS		TELEPHONE NUMBER		
U.S. EPA I.D. NUMBER				

4. MANIFEST DOCUMENT NUMBER

5. WASTE IDENTIFICATION			
WASTE NAME	EPA WASTE CODE	TOTAL QUANTITY	UNITS OF VOLUME
A.			
B.			
C.			
D.			

6. EFFORTS MADE TO TRACE THE WHEREABOUTS OF THE MISSING HAZARDOUS WASTE OR MANIFESTS
--

7. "I have personally examined and am familiar with the information submitted on this form, and I hereby certify that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, which includes fine and imprisonment."

DATE	SIGNATURE	PRINT NAME
------	-----------	------------

*IF APPLICABLE ** SEE REVERSE FOR LIST OF ABBREVIATED CODES.

**INSTRUCTIONS FOR COMPLETING THE HAZARDOUS WASTE
GENERATOR'S EXCEPTION REPORT (Form MO 780-0651)**

A legible copy of the manifest at issue must accompany this form.

1. Enter the generator's company name, telephone, address, and U.S. EPA I.D. number.
2. Enter the first transporter's company name, telephone, address, U.S. EPA I.D. number, and USDOT Number. List additional transporter's on a separate sheet, then attach to this form.
3. Enter the designated facility's company name, telephone, address, and U.S. EPA I.D. number.
4. Enter the manifest document number.
5. Enter each waste name appearing on the manifest, EPA Waste Code, Total Quantity, and the Units of Volume per the following codes:

G – Gallons (liquids only)
P- Pounds
T – Tons
Y – Cubic Yards
L – Liters (liquids only)
K – Kilograms
M – metric Tons (1,000 kg.)
N – Cubic Meters

6. Enter a statement of the efforts made to trace the missing manifest document. Attach a separate sheet if needed.
7. Enter the handwritten signature of an authorized person employed by the generator, and the date.

IMPORTANT NOTE: Failure to complete and transmit this information to this department, within regulatory time frames, may result in enforcement action.

Send to:
Missouri Department of Natural Resources
Hazardous Waste Program
P.O. Box 176
Jefferson City, Missouri 65102-0176