



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
 P.O. BOX 176
 JEFFERSON CITY, MISSOURI 65102
 573-751-3176

FACILITY SUMMARY REPORT PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

FACILITY NAME		
CONTACT PERSON (NAME)		
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX)		
CITY	STATE	ZIP CODE
FACILITY'S EPA I.D. NUMBER		FACILITY'S MISSOURI I.D. NUMBER

NOTE: THE FEDERAL EPA AND MISSOURI FACILITY I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS HANDLED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE FACILITY SITE CHANGES.

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

IMPORTANT: ALL MISSOURI BASED FACILITIES THAT RECLAIM, TREAT, STORE, OR DISPOSE HAZARDOUS WASTE ON-SITE SHALL REPORT THE TYPE, QUANTITY AND HANDLING METHOD USED FOR EACH WASTE RECEIVED FROM ALL SOURCES. ALL FACILITIES MUST REPORT QUARTERLY.

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

- 9-30- ____ (YEAR) 12-31- ____ (YEAR)
 3-31- ____ (YEAR) 6-30- ____ (YEAR)

2. PAGE

1 OF ____

SECTION B - FACILITY IDENTIFICATION

3. FACILITY NAME <input type="checkbox"/> HAS CHANGED			
4. FACILITY CONTACT PERSON (NAME) <input type="checkbox"/> HAS CHANGED		TELEPHONE NUMBER <input type="checkbox"/> HAS CHANGED	
5. MAILING ADDRESS <input type="checkbox"/> HAS CHANGED	CITY	STATE	ZIP CODE
6. PLANT SITE ADDRESS	CITY	STATE	ZIP CODE
7. NAME OF PARENT FIRM <input type="checkbox"/> HAS CHANGED			

SECTION C - ACTIVITY LEVEL

8. CHECK HERE IF NO WASTE WAS RECEIVED FROM OFF-SITE, AND NO WASTE WAS GENERATED AND MANAGED ON-SITE. (DO NOT COMPLETE PART II)

SECTION D - COMMENTS

9.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME	SIGNATURE	DATE



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**FACILITY SUMMARY REPORT
 PART II**

BEFORE COPYING FORM, ENTER THE FACILITY NAME AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

FACILITY NAME

FACILITY'S EPA I.D. NUMBER

FACILITY'S MISSOURI I.D. NUMBER

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER TYPE OR PRINT

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

- 9-30- _____ (YEAR) 12-31- _____ (YEAR)
 3-31- _____ (YEAR) 6-30- _____ (YEAR)

2. PAGE

_____ OF _____

NOTE: SUMMARIZE THE AMOUNT OF WASTE RECEIVED AND HOW IT WAS HANDLED FROM AN INDIVIDUAL SOURCE ON THIS PAGE. ADDITIONAL PAGES NEED TO BE COMPLETED FOR EACH INDIVIDUAL SOURCE.

SECTION G - GENERATOR IDENTIFICATION (LIST THE SOURCE OF THE WASTE LISTED ON THIS PAGE)

3. GENERATOR'S NAME

4. GENERATOR'S U.S. EPA I.D. NUMBER

5. GENERATOR'S SITE ADDRESS

CITY

STATE

ZIP CODE

6. **IMPORTANT:** IF THE WASTE IDENTIFIED ON THIS PAGE WAS BOTH GENERATED AND MANAGED ON-SITE - CHECK THIS BOX

7. NUMBER OF SHIPMENTS RECEIVED THIS REPORTING PERIOD. IF THE WASTE WAS GENERATED AND MANAGED ON-SITE, LEAVE BLANK.

SECTION H - WASTE IDENTIFICATION

(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)

LINE	8. DESCRIPTION OF WASTE	9. EPA HAZARDOUS WASTE NUMBER		10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. MGMT. METHOD CODE
1						●	H
2						●	H
3						●	H
4						●	H
5						●	H
6						●	H

SECTION I - COMMENTS

14.

FACILITY SUMMARY REPORT (Form DNR-HWF-1)

INTRODUCTION

The purpose of the facility summary report is for facilities located in Missouri to identify and report hazardous waste which is processed or stored on-site. Examples of wastes to be reported includes but are not limited to:

- a. storage of wastes under interim status or a Part B permit
- b. waste recovery through distillation
- c. fuel blending operations
- d. waste oil burned on-site for BTU/energy recovery
- e. other treatment methods

In addition, all hazardous waste to be identified in the report includes both material received from other generators and material generated and handled on-site at the reporting facility.

1. All Missouri based facilities that treat, store, recycle or dispose of wastes from on-site or off-site sources shall report quarterly.
2. The quarterly report is due within 45 (forty five) days after the end of each respective quarter.
3. The quarterly report is based on a fiscal year which begins July 1 and is inclusive of the following dates:
 - A. 1st quarter begins July 1 and ends September 30
 - B. 2nd quarter begins October 1 and ends December 31
 - C. 3rd quarter begins January 1 and ends March 31
 - D. 4th quarter begins April 1 and ends June 30
4. Off-site shipments must be reported on the department form MO 780-1097 "Generators Hazardous Waste Summary Report".

PART I
INSTRUCTIONS FOR
FACILITY QUARTERLY SUMMARY SHEET (Form DNR-HWF-1)

NOTE: Attach the site identification label to the top of the form or enter the requested information.

SECTION A - REPORT IDENTIFICATION

Item 1. FOR THE QUARTER ENDING - Check the appropriate box which identifies the reporting period, then enter the year immediately following the checked box.

Note: Quarterly reports are based on annual quarters: July 1 - September 30; October 1 - December 31; January 1 - March 31; April 1 - June 30.

Item 2. NUMBER OF PAGES - Enter the number of pages necessary to complete this report. (First page plus the total number of Part 2's used.)

SECTION B - FACILITY IDENTIFICATION

The items in this section are to be completed only when the information for that particular item has changed.

Item 3. FACILITY NAME - Enter the new name of your company.

Item 4. FACILITY CONTACT PERSON - Enter the name of the person now primarily responsible for the information contained in this report. Then enter the phone number of the contact person.

Item 5. MAILING ADDRESS - Enter the new street and number or P.O. Box number, city, state and zip code where the U.S. Postal Service delivers your facility's mail.

Item 6. FACILITY SITE ADDRESS - Enter the street and number or route number (do not enter a P.O. Box number), city, state, and zip code which is the actual site address of your facility. If the plant address is the same as the mailing address, enter the words "same as above".

Item 7. NAME OF PARENT FIRM - Enter the new legal owner's name.

SECTION C - ACTIVITY LEVEL

Check this box only if BOTH conditions apply

1. No waste was received from off-site
2. No waste was generated and managed on site.

SECTION D - COMMENTS

Item 9. - This space may be used to explain, clarify or continue any entry.

SECTION E - CERTIFICATION STATEMENT

The facility operator or his/her authorized representative (e.g., the plant manager, superintendent or person of equivalent responsibility) must sign and date the certification by hand where indicated. The printed or typed name of the person signing the report must also be included where indicated.

PART II
INSTRUCTIONS FOR
FACILITY SUMMARY REPORT (Form DNR-HWF-1)

The purpose of the Part II is to identify the specific generation source of hazardous waste. A separate sheet is required for each generator that hazardous waste is received from.

NOTE: Before copying form, enter the facility name and identification numbers as shown on Part I.

SECTION F - REPORT IDENTIFICATION

Item 1. FOR THE QUARTER ENDING - Check the appropriate box which identifies the reporting quarter's end and then enter the year. This information must be exactly the same as recorded on the Part I.

Note: Quarterly reports are based on annual quarters: July 1 - September 30; October 1 - December 31; January 1 - March 31; April 1 - June 30.

Item 2. PAGE _____ OF _____ - Enter the consecutive page number this page represents, then the total number of pages necessary to complete the report.

SECTION G - GENERATOR IDENTIFICATION

Note: List the source of waste which appears on this page.

Item 3. GENERATOR'S NAME - Enter the generator's name from whom all wastes listed on this page originates.

If the waste came from a foreign generator, enter the name of the importing agent that corresponds to the U.S. EPA identification number in this section.

Item 4. GENERATOR'S EPA IDENTIFICATION NUMBER - Enter the 12 character U.S. EPA identification number issued to the generator whose wastes are identified on this page.

If the waste came from a Conditionally Exempt Small Quantity Generator (CESQG) that does not have an EPAID number, enter the state abbreviation for the generator followed by CSQ1111111.

Example: A CESQG from Kansas would be KSCSQ1111111.

If the waste(s) came from a foreign generator, enter the U.S. EPA identification number of the importer in this section and enter the name and address of the foreign generator in Section I. Comments.

Item 5. GENERATOR'S ADDRESS - Enter the mailing or street address of the generator whose waste(s) are identified on this page.

If the waste came from a foreign generator, enter the mailing address of the importer corresponding to the U.S. EPA identification number in this section.

Item 6. IMPORTANT: - Check this box if the wastes identified on this page were **both** generated and handled on your facility's property site during the reporting period.

Item 7. NUMBER OF SHIPMENTS RECEIVED - Enter the total number of shipments received from the generator for this reporting period, even if some of the waste received will be reported on another Part II page. Enter this number on every Part II page completed for this generator. Note that the number of shipments is not necessarily the same as the number of manifests since more than one manifest can be used for a single shipment. This should be left blank if the waste was generated and managed on-site.

SECTION H - WASTE IDENTIFICATION

A separate line entry is required for each different waste or waste mixture that your facility treated, store, recycled or disposed of during the reporting quarter specified in Section F. for the generator identified in Section G.

Item 8. DESCRIPTION OF WASTE - For hazardous wastes that are **listed** under 10 CSR 25-4.261, enter the EPA listed name. Where mixtures of listed wastes were received, enter the description which you believe best describes the waste.

For ignitable, corrosive, reactive, or TCLP toxic hazardous waste defined by CSR 25-4.261, please include the following: (1) the description of the characteristic in which you believe best describes the waste; (2) the specific manufacturing or other process generating the waste; and (3) the chemical or generic chemical name of the waste, if known. See following example.

EXAMPLE:

SECTION H - WASTE IDENTIFICATION									
(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)									
LINE	9. DESCRIPTION OF WASTE	10. EPA HAZARDOUS WASTE NUMBER				11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. MGMT. METHOD CODE
		D	0	0	1				
1	Ignitable spent solvent used in widget prod.; mixture of mineral spirits and ethyl alcohol.					1504	P	●	H 0 6 1
2								●	
3								●	

Item 9. U.S. EPA HAZARDOUS WASTE NUMBER - For listed wastes, enter the four (4)-character U.S. EPA hazardous waste number from 40 CFR, Part 261 or Missouri Hazardous Waste Numbers from 10 CSR 25-4.261, 10 CSR 25-11.010, or 10 CSR 25-13.010 which identifies the waste. For unlisted wastes which exhibit hazardous characteristics, enter the four (4)-character U.S. EPA hazardous waste number from 10 CSR 25 which is applicable to the waste.

If the waste is a mixture of more than one listed or unlisted waste, enter all of the relevant U.S. EPA and Missouri hazardous waste numbers. Six (6) spaces are provided for this on each line.

Item 10. TOTAL AMOUNT OF WASTE - Enter the total quantity of the waste or waste mixture described on this line that was received from the generator identified in Section F. during the referenced quarter listed by this report.

Item 11. UNIT OF MEASURE - Enter the unit of measure code for the quantity of waste described on this line. Units of measure and the appropriate codes to be used are as follows:

UNIT OF MEASURE	CODE
Pounds	P
Tons (2,000 lbs.)	T
Kilograms	K
Metric Tons (1,000 kg.)	M
Gallons**	G
Liters**	L

**if these codes are used, you must provide the specific gravity rounded off to the nearest tenth, of each waste in item 12. If the specific gravity is not provided for a total described as gallons or liters, Missouri Department of Natural Resources will assume the wastes specific gravity to be 1.5.

Item 12. SPECIFIC GRAVITY - If a volume code (G or L) is used to quantify waste in item 11, you need to include the specific gravity of the waste, otherwise leave blank.

NOTE: Specific gravity is a ratio based on the weight of water - water weighs 8.3 pounds per gallon and has a specific gravity of 1.0. A substance which weighs 12.5 pounds per gallon is 1.5 times heavier than water therefore the specific gravity is 1.5 (1.5 x 8.3 lbs. =12.5 lbs.). A substance which weighs 6.6 pounds per gallon weighs 0.8 times that of water (.8 x 8.3 lbs. =6.6 lbs.).

Item 13. MANAGEMENT METHOD CODE - Enter the code that you placed on the manifest for this waste stream. If this was waste that was generated and managed on-site, select the code that best describes how you managed the waste at your site. Management method codes are listed on the following page.

If different handling codes apply to portions of the same waste, use a separate line entry for each portion as shown in the following example.

EXAMPLE:

SECTION H - WASTE IDENTIFICATION						
(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)						
L I N E	9. DESCRIPTION OF WASTE	10. EPA HAZARDOUS WASTE NUMBER	11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. MGMT. METHOD CODE
1	Ignitable spent solvent used in widget prod,; mixture of mineral spirits & kero.	D 0 0 1	14923	P	●	H 0 4 0
2					●	
3	Ignitable spent solvent used in widget prod,; mixture of mineral spirits & kero.	D 0 0 1	1523	P	●	H 1 4 1
4					●	
5	Corrosive metal sludge contains cadmium and nickel	D 0 0 2 D 0 0 6	8250		●	H 1 2 9
SECTION I - COMMENTS						
16. LINE 5: Acid neutralization, separation of metal for recovery.						

SECTION I - COMMENTS

Item 14. COMMENTS - This space may be used to explain, clarify or continue any entry. If used, enter a cross reference to the appropriate section number. If additional space is needed, attach a piece of paper.

MANAGEMENT METHOD CODES		
CODE	DESCRIPTION	USE THE CODE IN THE FAR LEFT COLUMN IF YOUR MANIFEST HAS A CODE LISTED IN THIS COLUMN
1. RECLAMATION AND RECOVERY		
H010	Metals recovery including reporting, smelting, chemical, etc.	
H020	Solvents recovery (distillation, extraction, etc.)	
H039	Other recovery or reclamation for reuse including acid regeneration, organics recovery, etc. (specify in comments)	
H050	Energy recovery at this site – used a fuel (includes on-site fuel blending before energy recovery; report only this code)	
H061	Fuel blending prior to energy recovery to another site (waste generated either on site or received from off-site)	
2. DESTRUCTION OR TREATMENT PRIOR TO DISPOSAL AT ANOTHER SITE		
H040	Incineration – thermal destruction other than use as a fuel (includes any preparation prior to burning)	
H070	Chemical treatment (reduction/destruction/oxidation/precipitation); do not include immediate treatment in an exempt wastewater treatment unit with discharge to a NPDES-POTW (unless required by state)	H071, H073, H075, H077
H081	Biological treatment with or without participation (includes any preparation or final processes for consolidation of residuals)	
H100	Physical treatment only (absorption/adsorption/separation/stripping/dewatering); do not include immediate treatment in an exempt wastewater treatment unit with discharge to a NPDES-POTW (unless required by state)	H082, H083, H101, H103, H123, H124
H110	Stabilization prior to land disposal at another site (encapsulation/stabilization/fixation)	H111, H112
H120	Combination of chemical, biological, and/or physical treatment; do not include immediate treatment in an exempt wastewater treatment unit with discharge to a NPDES-POTW (unless required by state)	
H121	Neutralization only (no other treatment)	
H122	Evaporation (as the major component of treatment; not reportable as H070, H081, H100 or H120)	
H129	Other treatment that does not include onsite disposal (specify in comments)	
3. DISPOSAL – See note below codes		
H131	Land treatment or application (to include any prior treatment and/or stabilization)	
H132	Landfill or surface impoundment that will be closed as landfill (to include prior treatment and/or stabilization)	
H134	Deepwell or underground injection (with or without treatment; this waste was counted as hazardous waste)	
H135	Discharge to sewer/POTW or NPDES (with prior storage – with or without treatment)	
4. TRANSFER OFF SITE		
H141	The site receiving this waste stored/bulked and transferred the waste with no treatment or recovery (H010-H129), fuel blending (H061), or disposal (H131-H135) at the receiving site.	

*If these codes are used then you must specifically describe the process method used to treat, store, or dispose the identified waste by line number in the comment section as shown in the following example: