

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WASTE MANAGEMENT PROGRAM  
**FACILITY SUMMARY REPORT – PART 1**

FACILITY'S MISSOURI ID NUMBER (6 characters)
FACILITY'S EPA ID NUMBER (12 characters)

<b>NOTE:</b> THE FEDERAL EPA ID AND MISSOURI FACILITY ID NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS HANDLED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE FACILITY SITE CHANGES.	FACILITY NAME		
	SITE STREET ADDRESS (No PO Boxes)		
	CITY	STATE	ZIP CODE

**SECTION A – REPORT IDENTIFICATION**

<b>IMPORTANT:</b> ALL MISSOURI BASED FACILITIES THAT RECLAIM, TREAT, STORE OR DISPOSE OF 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 AND FILL IN YEAR)		2. PAGE
	<input type="checkbox"/> 9/30/____ (YYYY)	<input type="checkbox"/> 12/31/____ (YYYY)	_____ of _____
	<input type="checkbox"/> 3/31/____ (YYYY)	<input type="checkbox"/> 6/30/____ (YYYY)	

**SECTION B – FACILITY IDENTIFICATION**

3. CONTACT PERSON (NAME) <input type="checkbox"/> HAS CHANGED		CONTACT PERSON'S TITLE <input type="checkbox"/> HAS CHANGED	
4. MAILING ADDRESS <input type="checkbox"/> HAS CHANGED		TELEPHONE NUMBER <input type="checkbox"/> HAS CHANGED	
5. CITY	STATE	ZIP CODE	EMAIL <input type="checkbox"/> HAS CHANGED

**SECTION C – ACTIVITY LEVEL**

6.  CHECK HERE IF NO WASTE WAS RECEIVED FROM OFF-SITE AND NO WASTE WAS GENERATED AND MANAGED ON-SITE. (DO NOT COMPLETE PART 2)

**SECTION D – COMMENTS**

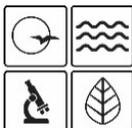
7.

**SECTION E – CERTIFICATION STATEMENT**

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

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 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.

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WASTE MANAGEMENT PROGRAM  
 P.O. BOX 176  
 JEFFERSON CITY, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WASTE MANAGEMENT PROGRAM  
**FACILITY SUMMARY REPORT – PART 2**

FACILITY'S MISSOURI ID NUMBER (6 characters)
FACILITY'S EPA ID NUMBER (12 characters)

**SECTION F – REPORT IDENTIFICATION (AS SHOWN ON PART 1)**

1. FOR THE PERIOD ENDING (CHECK ONE AND FILL IN YEAR) <input type="checkbox"/> 9/30/____ (YYYY) <input type="checkbox"/> 12/31/____ (YYYY) <input type="checkbox"/> 3/31/____ (YYYY) <input type="checkbox"/> 6/30/____ (YYYY)	2. PAGE ____ of ____	NOTE: SUMMARIZE THE AMOUNT OF WASTE RECEIVED FROM EACH INDIVIDUAL SOURCE AND HOW IT WAS HANDLED. <b>ADDITIONAL PAGES MUST BE COMPLETED FOR EACH INDIVIDUAL SOURCE.</b> (See instructions for adding pages to your summary report)
--	-------------------------	--

**SECTION G – GENERATOR IDENTIFICATION (SOURCE OF THE WASTE LISTED BELOW)**

3. GENERATOR'S NAME	4. GENERATOR'S EPA ID NUMBER (12 characters)
5. GENERATOR'S SITE ADDRESS	CITY STATE ZIP CODE
6. <b>IMPORTANT:</b> IF THE WASTE IDENTIFIED ON THIS PAGE WAS BOTH GENERATED AND MANAGED ON-SITE. IF SO <input type="checkbox"/> CHECK THIS BOX	7. NUMBER OF SHIPMENTS RECEIVED THIS REPORTING PERIOD. IF THE WASTE WAS GENERATED AND MANAGED ON-SITE, LEAVE BLANK. <input type="text"/>

**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	8. DECRPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	9. EPA HAZARDOUS WASTE NUMBER	10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. MANAGEMENT METHOD CODE
1.						
2.						
3.						
4.						
5.						
6.						

**SECTION I – COMMENTS**

14.

**GENERAL  
INSTRUCTIONS FOR THE  
FACILITY QUARTERLY SUMMARY REPORT  
DNR HWF-1**

**INTRODUCTION**

The facility summary report is provided to assist facilities located in Missouri in identifying and reporting hazardous waste that 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, the report must include both hazardous waste materials received from other generators and materials generated and handled on-site at the reporting facility.

1. Quarterly Reports are based on the state fiscal year, which begins July 1 and ends June 30 of the following year.
  - A. 1st quarter begins July 1 and ends Sept. 30
  - B. 2nd quarter begins Oct. 1 and ends Dec. 31
  - C. 3rd quarter begins Jan. 1 and ends March 31
  - D. 4th quarter begins April 1 and ends June 30
2. Reports are due within 45 days after the end of each respective quarter.
3. Off-site shipments must be reported on the department form **MO 780-1097 "GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT"**

**PART 1  
INSTRUCTIONS FOR THE  
FACILITY QUARTERLY SUMMARY REPORT  
DNR HWF-1**

**IMPORTANT: BEFORE COPYING FORM PLEASE ATTACH THE SITE IDENTIFICATION LABEL TO THE TOP OF THE FORM OR ENTER THE REQUESTED INFORMATION.**

**SECTION A: REPORT IDENTIFICATION**

**Please provide the Facility's Missouri ID Number (6 characters) in the space provided in the upper right hand corner of the form.**

**Please provide the Facility's EPA ID number (12 characters) in the space provided in the upper right hand corner of the form.**

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

NOTE: Quarterly reports are based on annual quarters: July 1 – Sept. 30; Oct. 1 – Dec. 31; Jan. 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**

**Item 3. CONTACT PERSON'S NAME** - Enter the name of the contact person for your company. Also provide the telephone number of the contact person. Please indicate if this information has changed from previous submissions.

**Item 4/5. MAILING ADDRESS** - Enter the street and number or P.O. Box number, city, state, and ZIP code where the U.S. Postal Service delivers your facility's mail. Then enter the phone number and email address of the contact person.

**SECTION C: ACTIVITY LEVEL**

**Item 6. 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 7. COMMENTS:** Enter any comments which you feel may need explanation for any of the above entries. If additional space is needed, attach a sheet of paper.

**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 the certification by hand where indicated. The printed or typed name of the person signing the report, and the date, must also be included where indicated.

**PART 2  
INSTRUCTIONS FOR THE  
GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT  
DNR HWG-11**

Please check or provide the Facility's Missouri ID Number (6 characters) in the space provided in the upper right hand corner of the form. This data may have auto-filled from the previous page.

**NOTE: If you will require additional Part 2 pages in your submission, an "ADD PAGE" button is provided at the top center of the page. Additional pages must be added BEFORE additional information (other than the pre-populated EPA or Missouri Generator Number) is filled out on your first Part 2 page, or it will populate any information provided to any added pages. These pages will add at the end of the document, following the instructions. You may delete the instruction pages from your document prior to submission.**

Please check or provide the Facility's EPA ID number (12 characters) in the space provided in the upper right hand corner of the form. This data may have auto-filled from the previous page.

**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 – Sept. 30; Oct. 1 – Dec. 31; Jan. 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 this report.

**SECTION G: GENERATOR IDENTIFICATION**

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

**Item 4. GENERATOR'S EPA IDENTIFICATION NUMBER** - Enter the EPA identification number of the **generator from whom you received the waste** described under Section H.

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

Example: A CESQG from Kansas would be KSCSQ11111111.

If the waste(s) came from a foreign generator, enter the EPA ID 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 SITE 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 EPA ID 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:** the number of shipments will not necessarily match 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
- (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)						
L I N E	8.  DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	9.  EPA HAZARDOUS WASTE NUMBER	10.  TOTAL AMOUNT OF WASTE	11.  UNIT OF MEAS.	12.  SPECIFIC GRAVITY	13.  MANAGEMENT METHOD CODE
1.	Ignitable spent solvent used in widget prod.; mixture of mineral spirits and ethyl alcohol.	D001	1504	P		H061
2.						

**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 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 . . . . .	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 11, located directly to the right. If the specific gravity is not provided for a total described as gallons or liters, Missouri Department of Natural Resources will assume the waste's specific gravity to be 1.5.

**Item 12. SPECIFIC GRAVITY** - If a volume code is used as described in Item 10 to describe a total quantity, you need to indicate 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 pounds per gallon). A substance which weighs 6.6 pounds per gallon weighs 0.8 times that of water (.8 x 8.3 lbs= 6.6 lbs. per gallon).

**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. The full list of codes is on the next 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							
LINE	8. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	9. EPA HAZARDOUS WASTE NUMBER		10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. MANAGEMENT METHOD CODE
1.	Ignitable spent solvent used in widget prod; mixture of mineral spirits and kero.	D001		14923	P		H020
2.							
3.	Ignitable spent solvent used in widget pro; mixture of mineral spirits and kero.	D001		1523	P		H141
4.							
5.	Corrosive metal sludge contains cadmium and nickel	D002		8250			H129
		D006					
SECTION I – COMMENTS							
14. LINE 5: Acid neutralization, separation of metal for recovery.							

<b>MANAGEMENT METHOD CODES</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
<b>1. Reclamation and Recovery</b>	
H010	Metals recovery including retorting, smelting, chemical, etc.
H011	Mercury Recovery (include mercury retorting, bulb/lamp crushing and mercury vapor recovery, thermostat recovery, mercury from medical equipment recovery, mercury car switch recovery, etc.)
H015	Deployment/deactivation of airbag waste followed by metals recovery
H020	Solvents recovery (distillation, extraction, etc.)
H039	Other recovery or reclamation for reuse including acid regeneration, organics recovery, etc. (specify in comments)
H041	Open burning/open detonation (should be permitted under subpart X with process code X01)
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)
<b>2. Destruction or Treatment Prior to Disposal at Another Site</b>	
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)
H081	Biological treatment with or without precipitation (includes any preparation or final processes for consolidation of residuals)
H090	Polymerization (LDR standard as treatment method)
H100	Physical treatment only (adsorption/absorption/separation/stripping/dewatering); do not include immediate treatment in an exempt wastewater treatment unit with discharge to a NPDES-POTW (unless required by state)
H110	Stabilization prior to land disposal at another site (encapsulation/stabilization/fixation)
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)
<b>3. Disposal</b>	
H130	Surface Impoundment that will be closed as a landfill (with prior treatment and/or stabilization meeting LDR treatment standard)
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)
<b>4. Transfer Off-Site</b>	
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 that receiving site.