



NORTH DAKOTA GENERATOR 2007 HAZARDOUS WASTE REPORT

North Dakota Department of Health
Division of Waste Management - Hazardous Waste Program

All Sections Must Be Completed. This report is for the calendar year ending December 31, 2007

Mail Completed Form To: ND Dept of Health, 2301 8th Ave N, Fargo ND 58102

SECTION I - Site Information		
1. Site State/EPA ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2. Site Legal Name:		
3. Site Street Address : (<u>No</u> post office box or route number)		
Address:		
City:	State:	
County Name:	Zip Code:	
4. Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
5. North American Industry Classification System (NAICS) Code(s) for the Site: (6 digit codes only)		
A.	B.	
C.	D.	
6. Site Mailing Address: (If the mailing address is the same as the street address, enter "same")		
Street or P. O. Box:		
City:	State:	Zip Code:
7. Site Contact Person: (If the contact mailing address is the same as the street address, enter "same" in the street box)		
First Name:	MI:	Last Name:
Phone Number:		Phone Number Extension:
Street or P. O. Box:		
City:	State:	Zip Code:

8. Legal Owner and Operator of the Site: (If the operator is the same as the owner, enter "same" in the name of site operator box. If the owner and operator mailing address is the same as the site mailing address, enter "same" in the street box.)

A. Name of Site's Legal Owner:	Date Became Owner (mm/dd/yyyy):
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Owner Type: Private County District Federal Indian Municipal State Other

Street or P. O. Box:

City:	State:	Zip Code:
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B. Name of Site's Operator:	Date Became Operator (mm/dd/yyyy):
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Operator Type: Private County District Federal Indian Municipal State Other

Street or P. O. Box:

City:	State:	Zip Code:
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9. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your Site).

A. Hazardous Waste Activities

1. Generator of Hazardous Waste (Choose only one of the following three categories.)

- a. **LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) or**
- b. **SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) or**
- c. **CESQG: Less than 100 kg/mo (220 lbs./mo.)**

For Items 2 through 6, mark all that apply.

- 2. **Transporter of Hazardous Waste**
- 3. **Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.**
- 4. **Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.**
- 5. **Exempt Boiler and/or Industrial Furnace**
 - a. **Small Quantity On-site Burner Exemption**
 - b. **Smelting, Melting, and Refining Furnace Exemption**
- 6. **Underground Injection Control**

In addition, indicate other generator activities. (Mark all that apply)

- d. **United States Importer of Hazardous Waste**
- e. **Mixed Waste (hazardous and radioactive) Generator**

Site 2	A. EPA ID No. of offsite installation or transporter _____	B. Name of offsite installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of offsite installation or transporter Street _____ City _____ State _____ Zip Code _____ - _____
Site 3	A. EPA ID No. of offsite installation or transporter _____	B. Name of offsite installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of offsite installation or transporter Street _____ City _____ State _____ Zip Code _____ - _____
Site 4	A. EPA ID No. of offsite installation or transporter _____	B. Name of offsite installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of offsite installation or transporter Street _____ City _____ State _____ Zip Code _____ - _____

SECTION IV - Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)