



Quarterly Hazardous Waste Report Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. EPA ID Number: _____

Company Name: _____

Site Address: _____

Contact: _____

Email Address: _____

□ / □

Quarter & Year

II. Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. Generated Waste

Waste Index Line #	Amount Generated (in lbs)

IV. Waste Remaining in Storage at End of Quarter

Waste Index Line #	Amount in Storage (in lbs)

V. On-Site Treatment, Storage, Disposal & Recovery (TSDFs only)

Waste Index Line #	Management Code	Amount T,S,D,R, On-Site (in lbs)

VI. List below the name, and EPA/SCDES ID# of all the hazardous waste transporters used this quarter.

Transporter EPA/SCDES ID # _____ Transporter's Name _____

Transporter EPA/SCDES ID # _____ Transporter's Name _____

Transporter EPA/SCDES ID # _____ Transporter's Name _____

Transporter EPA/SCDES ID # _____ Transporter's Name _____

VII. 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.

• I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

• I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Signature of Authorized Representative

Print/Type Name & Telephone Number

Date

Instructions for Completing Form DES 1962
Quarterly Hazardous Waste Report
Generation and On-Site Treatment, Storage, Disposal and Recovery

PURPOSE: All Large Quantity Generators of hazardous waste are required to report on a quarterly basis their activities for the previous quarter.

EXPLANATION AND DEFINITION: Each generator of more than 1000 kg/month of hazardous waste who ships any hazardous waste off-site to a treatment, storage or disposal facility within the United States must prepare, and no later than 30 days after the end of each calendar quarter, submit a written report to the Department.

ITEM BY ITEM INSTRUCTIONS – Print or type

- I. Enter the EPA ID Number of the facility.
Enter the Company Name.
Enter the Site Address of the Facility.
Enter the name of the contact for the facility.
Enter the email address of the contact for the facility.
Enter the Quarter and Year covered by this report.
- II. If no hazardous waste was generated, treated, store, disposed, recovered or shipped off site during this quarter, enter an 'X' in the box. Otherwise, leave it blank.
- III. Enter the Waste Index Line # of a waste stream generated during the quarter and then enter the amount generated in pounds. Repeat with each waste index line # generated during the quarter. (Additional pages should be used to record all waste index line #s.)
- IV. Enter the Waste Index Line # of a waste stream remaining in 90-day storage at the end of the quarter. Repeat with each waste index line # in storage. (Additional pages should be used to record all waste index line #s.)
- V. Enter the Waste Index Line # of a waste stream, enter the appropriate management code for the on-site treatment, storage, disposal & recovery, and enter the amount in pounds.
- VI. List the EPA ID# and name of all hazardous waste transporters used during the quarter.
- VII. Sign the form. Print the name and telephone number of the person signing the form. Date the form. Number each page of the form and total the number of pages.

Please mail or email the signed form to the one of the following locations:

Hazardous Waste Quarterly Reports
SCDES - BLWM
Division of Compliance and Enforcement
2600 Bull Street
Columbia, SC 29201
Phone (803) 898-1315
MacKenzie.Smith@des.sc.gov

OFFICE MECHANICS AND FILING:

The report will be received by the Division of Compliance and Enforcement. Once received, it will be entered into the electronic document system. The retention schedule for this form is 13429.