SC DEPARTMENT of ENVIRONMENTAL SERVICES

Quarterly Hazardous Waste Report
Off-Site Facility Report

Peel off Name and Address Label from backing and place here.

Note: Any company name, address, and/or contact person changes require DES Form 2701 to be completed

__/__
Quarter & Year

☐ Enter "X" here if no hazardous waste accepted for treatment, storage, disposal, recovery this quarter.

Total amount of Hazardous Waste in Storage at the end of this quarter (in pounds).

Total amount of Hazardous Waste Received for this quarter (in pounds).

Generator EPA/SCDES ID#

__ / __ / __
MM DD YY Date Received

Description of Waste Received

EPA/SCDES Waste Codes

Manifest Document Number

Management Code

Form Code

Amount (lbs.)

Generator EPA/SCDES ID#

__ / __ / __
MM DD YY Date Received

Description of Waste Received

EPA/SCDES Waste Codes

Manifest Document Number

Management Code

Form Code

Amount (lbs.)

VI. 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

OFF-SITE FACILITY REPORT (DES 1964)

COMPLETE YOUR REPORT ON-LINE AT WWW.DES.SC.GOV OR PRINT REPORT AND COMPLETE IN INK (OR TYPE) AND SIGN CERTIFICATION BY HAND IN INK. USE THESE AS YOUR COMPLETED ORIGINALS. KEEP A COPY OF YOUR COMPLETED ORIGINALS IN YOUR FILES AND SEND THE COMPLETED ORIGINALS TO SCDES. PLEASE DO NOT COMPLETE FORMS THAT DO NOT APPLY TO YOUR COMPANY AND DO NOT SUBMIT BLANK FORMS.

Instructions

I. Make a Name and Address label to include: EPA ID number, company name, mailing address and contact information.

NOTE: Any company name, address and/or contact person change requires a South Carolina Notification and Reporting Form (DES Form 2701) to be completed.

II. Enter "X" only if your company had absolutely no hazardous waste activity during this quarter. **DO NOT FILL IN ZEROS ON THE REST OF THIS FORM, AND DO NOT SUBMIT ANY BLANK FORMS**. This means your company had no old waste on-site anywhere and did not receive any hazardous waste from an off-site source during the quarter.

III. Enter the total amount IN POUNDS of hazardous waste in storage at your facility at the end of this quarter (regardless of how long it has been there). This is waste that you have in storage (either interim status or permitted) that you received from off-site sources. Waste in storage that you generated will be reported on the on-site T,S,D,R portion of DES Form 1962.

IV. Enter the total amount **IN POUNDS** of hazardous waste received by your facility during this quarter from off-site sources.

V. Enter in the following:

- The EPA ID # of the generator from whom you received this waste;
- The date (month, day, year) that you received this waste;
- A complete description of the waste you received at your facility;
- The EPA/SCDES waste number (code) that best described the waste you received;
- The manifest document number * for this waste shipment;
- The management code for this waste that represents what will ultimately happen to it on your site. The management codes can be found on the website www.des.sc.gov under codes.
- Enter the 4-digit form code starting with a "W" that best describes the general physical and chemical characteristics of the specific waste index line number you are reporting.
- The amount **IN POUNDS** that corresponds to the generator EPA ID #, date received, description, waste number (code), manifest document number, management code.

NOTE: If for example you receive a waste that undergoes five (5) different management codes, then list only the last management code. If you have a waste that is in storage at the end of the quarter waiting to undergo a treatment or recovery method, then list that treatment or recovery method.

***THE MANIFEST DOCUMENT NUMBER IS A UNIQUE TWELVE-DIGIT NUMBER, DO NOT REPEAT IT WITH DIFFERENT SHIPMENT DATES**. It will be possible when a generator sends several different wastes on one manifest to have several entries on this form with the same manifest document number, generator EPA ID #, management code and date received, however, the remainder of the information should be different.

EACH WASTE INDEX LINE NUMBER MUST HAVE ONLY 1 TOTAL PER MANIFEST.

NOTE: Your Company may receive hundreds of shipments per quarter. Therefore you may need to fill out multiple pages of the DES Form 1964 to complete your report. Enter the total amount **IN POUNDS** of hazardous waste in storage at your facility at the end of the quarter and the total amount received **ONLY ON THE FIRST PAGE** of these forms (DES Form 1964).

ALL AMOUNTS ARE ROUNDED TO THE NEAREST WHOLE NUMBER AND ARE LEFT JUSTIFIED. (Example: 12345___ NOT 000012345)

VI. Sign, date and enter your phone number on your certification in order to conclude the first page of your Off-site Facility Quarterly Report