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Clear Form

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OMB#: 2050-0024 Expires 10/31/2005

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: _____

EPA ID NO: ___ ___ ___ ___

FORM GM

GUAM ENVIRONMENTAL PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description

B. EPA hazardous waste code

C. State hazardous waste code

D. Source code [G]

Management Method code for Source code G25 [H]

E. Form code [W]

F. Quantity generated in 2003

G. UOM

Density

☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management Method code [H]

Quantity treated, disposed, or recycled on site in 2003

ON-SITE PROCESS SYSTEM 2

On-site Management Method code [H]

Quantity treated, disposed, or recycled on site in 2003

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2003
Site 1		[H]	
Site 2		[H]	
Site 3		[H]	

Comments:

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GUAM ENVIRONMENTAL PROTECTION AGENCY

2003 Hazardous Waste Report

FORM WR

WASTE RECEIVED FROM OFF SITE

Instructions: Please see the detailed instructions on pages 26 to 29 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code

D. Off-site handler EPA ID number	E. Quantity received in 2003	F. UOM	Density
	.		☐ 1 lbs/gal ☐ 2 sg

G. Form code	H. Management Method code
W	H

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code

D. Off-site handler EPA ID number ☐ Mark if same as in Waste 1	E. Quantity received in 2003	F. UOM	Density
	.		☐ 1 lbs/gal ☐ 2 sg

G. Form code	H. Management Method code
W	H

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code	C. State hazardous waste code

D. Off-site handler EPA ID number ☐ Mark if same as in Waste 2	E. Quantity received in 2003	F. UOM	Density
	.		☐ 1 lbs/gal ☐ 2 sg

G. Form code	H. Management Method code
W	H

Comments:

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SITE NAME: _____

EPA ID NO: |_|_|_| |_|_|_| |_|_|_| |_|_|_|

GUAM ENVIRONMENTAL PROTECTION AGENCY

2003 Hazardous Waste Report

FORM OI

OFF-SITE IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter

B. Name of off-site installation or transporter

C. Handler type (MARK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR facility

D. Address of off-site installation
Street _____
City _____
State |_|_| Zip |_|_|_|_|_|-|_|_|_|_|

Site 2	A. EPA ID No. of off-site installation or transporter

B. Name of off-site installation or transporter

C. Handler type (MARK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR facility

D. Address of off-site installation
Street _____
City _____
State |_|_| Zip |_|_|_|_|_|-|_|_|_|_|

Site 3	A. EPA ID No. of off-site installation or transporter

B. Name of off-site installation or transporter

C. Handler type (MARK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR facility

D. Address of off-site installation
Street _____
City _____
State |_|_| Zip |_|_|_|_|_|-|_|_|_|_|

Site 4	A. EPA ID No. of off-site installation or transporter

B. Name of off-site installation or transporter

C. Handler type (MARK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR facility

D. Address of off-site installation
Street _____
City _____
State |_|_| Zip |_|_|_|_|_|-|_|_|_|_|

Comments: