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

I.

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

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

___ / ___
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. **On-Site Treatment, Storage, Disposal & Recovery**

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

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

Transporter EPA/DHEC ID #	Transporter's Name

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 | Date