



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
Materials Management Division

MONTHLY/QUARTERLY OPERATING REPORT

This form is authorized by R 299.9610(3) of the Administrative Rules for Part 111, Hazardous Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Part 111). Failure to submit the information required by this form may result in civil and/or criminal penalties.

The owner or operator of a hazardous waste treatment or disposal facility on the site of generation shall submit this report within 10 days after the end of each month/quarter to the addresses below. This report summarizes all hazardous waste that is both generated and treated or disposed of onsite, including the quantity, codes that define the method of treatment or disposal, and codes that define the waste. This report shall be signed and certified in accordance with Title 40 of the Code of Federal Regulations (40 CFR), Section 270.11.

Month or Quarter: _____ Year: _____

Facility Site Identification Number: _____

Facility Legal Name: _____

Was there any on-site treatment or disposal of hazardous waste generated on-site during the reporting period? Yes No

If yes, provide the information listed in the table on page 3 using as many sheets as necessary. Unit of Measure and Treatment/Disposal Method Handling Codes are listed in 40 CFR Part 264, Appendix I, Tables 1 and 2. Management and Source Codes can be found in the [RCRA Subtitle C Reporting Instructions and Forms \(PDF\)](#) document.

Check the appropriate box below **only** if additional information is being submitted with this form to satisfy requirements under the facility's Part 111.

- operating license for a new, expanded, enlarged, or altered facility
- operating license for an existing facility
- consent order/judgment

Describe below the additional information submitted:

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: _____ Date: _____

Printed Name and Title: _____

Email completed form and any attachments to:

EGLE-MMD-EQP5142-Report@Michigan.gov (preferred method)

Or send to:

Director, Materials Management Division
Department of Environment, Great Lakes, and Energy
P.O. Box 30241, Lansing, Michigan 48909-7741

Copy to: Materials Management Office for the District where the facility is located. Contact information for district office can be found at EGLE's [District Office Locations](#) page.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.

Waste Quantity	Unit of Measure	Treatment/Disposal Method Handling Code(s)	Source Code	Management Code	Additional Management Code if Source Code is G25	Hazardous Waste Number(s)