



**U.S. Department of Energy  
Hanford Site**

20-ESQ-0039

MAR 02 2020

Mr. Dave Einan, Manager  
Office of Environmental Cleanup  
Site Cleanup Unit 4  
U.S. Environmental Protection Agency  
825 Jadwin Avenue, Suite 210  
Richland, Washington 99352

Dear Mr. Einan:

**CALENDAR YEAR 2019 HANFORD FACILITY ANNUAL DANGEROUS WASTE  
REPORT**

The subject Calendar Year (CY) 2019 Annual Dangerous Waste Report (ADWR) has been prepared and transmitted via Internet to the Washington State Department of Ecology TurboWaste.Net web site. This report has been prepared as required by Washington Administrative Code (WAC) 173-303-220, Generator Reporting, WAC 173-303-390, Facility Reporting, and Hanford Facility Resource Conservation and Recovery Act Permit Condition I.E.22, Annual Reporting. A compact disk copy of the CY 2020 Hanford Facility ADWR DOE/RL-2020-12, Revision 0, is prepared in .PDF format and is submitted for your information (Attachment).

The appropriate Site Identification, Offsite Identification, Generation and Management, and Waste Received Forms were prepared for the four Site Identification numbers associated with Hanford Site waste management activities. The forms were included in the recent Turbo Waste.Net electronic file transmittals.

If you have any questions, please contact me, or your staff may contact Brian J. Stickney, Assistant Manager for Safety and Environment, Richland Operations Office, on (509) 376-9079.

Sincerely,

Brian T. Vance  
Manager

ESQ:ACM

Attachment

cc: See page 2

Mr. Dave Einan  
20-ESQ-0039

-2-

MAR 02 2020

cc w/attach:

Environmental Portal, G3-35 (CD ROM)  
Administrative Record, H6-08 (Hardcopy & CD ROM)  
HF Operating Record (J. K. Perry, MSA, A3-02) (CD ROM)

cc w/o attach:

J. Bell, NPT  
R. Buck, Wanapum  
L. Contreras, YN  
E. G. Damberg, PNNL  
M. N. Jaraysi, CHPRC  
M. Johnson, CTUIR  
J. A. Lerch, CHPRC  
M. B. Wilson, MSA

Attachment  
Letter Number 20-ESQ-0039

Calendar Year 2019  
Hanford Site Annual Dangerous Waste Report

Consisting of Consisting of 622 pages including cover sheet

# Hanford Site Annual Dangerous Waste Report Calendar Year 2019

Prepared for the U.S. Department of Energy  
Assistant Secretary for Environmental Management

Contractor for the U.S. Department of Energy  
under Contract DE-AC06-09RL14728



**P.O. Box 650  
Richland, Washington 99352**

# Hanford Site Annual Dangerous Waste Report Calendar Year 2019

J. K. Perry  
Mission Support Alliance

Date Published  
February 2020

Prepared for the U.S. Department of Energy  
Assistant Secretary for Environmental Management

Contractor for the U.S. Department of Energy  
under Contract DE-AC06-09RL14728



**P.O. Box 650  
Richland, Washington 99352**

**APPROVED**

*By Lynn M. Ayers at 7:58 am, Feb 19, 2020*

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Release Approval

Date

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## EXECUTIVE SUMMARY

The Annual Dangerous Waste Report (ADWR) is prepared to meet the requirements of Washington Administrative Code Sections 173-303-220, “Generator Reporting,” and 173-303-390, “Facility Reporting.” In addition, the ADWR is required to meet Hanford Facility Resource Conservation and Recovery Act of 1976 (RCRA) Permit Condition I.E.22, “Annual Report.”

The ADWR is submitted to the Washington State Department of Ecology (Ecology) by March 1<sup>st</sup> (Annually). The ADWR provides information on dangerous waste generation and management activities for the following U.S. Department of Energy (DOE) Hanford Site locations and U.S. Environmental Protection Agency/state Identification Numbers:

<b><u>Address:</u></b>	<b><u>NAICS Code:</u></b>	<b><u>Identification Number:</u></b>
Hanford Facility	562211	WA7890008967
2355 Stevens Drive	493110	WAH000009159
825 Jadwin Ave, Federal Bldg	924110	WAR000010975
1030 Battelle Blvd	493110	WAH000048800

The report is comprised of forms that are completed following instruction published by Ecology. A brief overview of the forms is provided below:

**Site ID Form:** Provides the most recent location, contact information, and generator status. Also identifies the types of waste management activities performed.

**Generation & Management Form:** Provides detailed information about generated waste streams (e.g., waste codes, quantities, treatment/disposal methods, etc.)

**Off-Site Identification Form:** Provides the name, address, and RCRA Site ID Number(s) of dangerous waste handlers that Hanford contractors interacted with when sending waste off-site or when receiving waste from off-site.


**Waste Received Form:** Provides information about how Hanford contractors managed waste streams received from off-site.

The DOE officially transmits the ADWR electronically using the TurboWaste.net web site maintained by Ecology. In addition to the electronic report, the DOE also transmits a single follow-up hard copy report containing data for each of the Site Identification Numbers above.



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1030 BATTELLE BLVD - SITE ID NUMBER WAH000048800 FORMS .....	608

Dangerous Waste Report - Annual Report - 2019		Site ID													
	<b>Washington State Department of Ecology</b> Hazardous Waste Information P.O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022  Web site: <a href="http://www.ecology.wa.gov/DWRReport">www.ecology.wa.gov/DWRReport</a>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">For Ecology Use Only</td> <td colspan="2" style="text-align: center;">Date Received:</td> </tr> <tr> <td style="text-align: center;">Form</td> <td style="text-align: center;">Reviewed</td> <td style="text-align: center;">Entered</td> <td style="text-align: center;">Verified</td> </tr> <tr> <td style="text-align: center;">Site ID</td> <td></td> <td></td> <td></td> </tr> </table>		For Ecology Use Only		Date Received:		Form	Reviewed	Entered	Verified	Site ID			
For Ecology Use Only		Date Received:													
Form	Reviewed	Entered	Verified												
Site ID															
<b>1. Reason for Submittal</b> <input type="checkbox"/> To provide <b>New</b> Notification of Regulated Waste Activity (complete entire form)															
<input checked="" type="checkbox"/> To provide Revised Site Identification information (complete entire form)															
<input type="checkbox"/> Reactivation Site Identification Number (complete entire form)															
Received Date:            01/31/2020															
<input type="checkbox"/> Withdraw                                    Effective Date:    12/31/2019															
<b>2. EPA/State Id Number:</b> WA7890008967															
<b>3. Site Name</b>															
US Dept of Energy Hanford Facility															
<b>4. Site Location</b>															
Street 1:	HANFORD FACILITY														
City:	RICHLAND														
State:	WA														
Zip:	99352														
Country:	US														
County:	BENTON														
District:	NUCLEAR														
<b>5. Site Mailing Address</b>															
Street 1:	PO BOX 550														
Street 2:															
City/State/Zip:	RICHLAND, WA 99352														
Country:	US														
<b>6. Site Land Type</b>															
Land Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other															
<b>7. North American Industry Classification System (NAICS)</b>															
NAICS: 562211															
<b>8. Site Contact Person</b>															
Name:	Anthony C McKarns														
Title:															
Street Address:	PO BOX 550 MSIN H5-30														
City/State/Zip:	RICHLAND, WA 99352														
Email:	tony.mckarns@rl.doe.gov														
Phone/Ext:	(509)376-8981														
<b><i>To ask about available formats for the visually impaired call 360-407-6700. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.</i></b>															

Dangerous Waste Site Identification Form (continued)					Site ID
<b>9a. Legal Owner</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US Department of Energy				
Street 1:	PO BOX 550				
Street 2:	MSIN H5-20				
City/State/Zip:	RICHLAND, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Owner Since:	11/19/1980				
<b>9b. Land Owner</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US Department of Energy				
Street 1:	PO BOX 550				
Street 2:					
City/State/Zip:	RICHLAND, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Owner Since:	12/31/2016				
<b>9c. Site Operator</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US Department of Energy				
Street 1:	PO Box 550				
Street 2:					
City/State/Zip:	RICHLAND, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Operator Since:	11/19/1980				

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10a. Hazardous Waste Activities</b>		
<b>1. Federal Generator of Hazardous Waste (Choose one)</b> <input checked="" type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input type="checkbox"/> b. SQG: Small Quantity Generator (Between 220 – 2,200 lbs/mo) <input type="checkbox"/> c. VSQG: Very Small Quantity Generator (Less than 220 lbs/mo) <input type="checkbox"/> d. NQG: No Regulated Waste Generated	<input checked="" type="checkbox"/> <b>7. Designated Facility of Hazardous Waste (TSD)</b> (Requires an Ecology Part A or Part B permit for dangerous waste management. See WAC 173-303).  <b>8. Recycler of Hazardous Waste Received from Off-Site</b> <input type="checkbox"/> a. Stores prior to recycling <input type="checkbox"/> a. Does not store prior to recycling	
<b>2. State Generator of Hazardous Waste (Choose one)</b> <input checked="" type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input type="checkbox"/> b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) <input type="checkbox"/> c. SQG: Small Quantity Generator (Less than 220 lbs/mo) <input type="checkbox"/> d. XQG: No Regulated Waste Generated	<b>9. Exempt Boiler and/or Industrial Furnace</b> <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption  <input checked="" type="checkbox"/> <b>10. Underground Injection Control</b> (Requires a registered underground injection well. See WAC 173-218) <input checked="" type="checkbox"/> <b>11. Receives Hazardous Waste from Off-site</b>	
<b>3. Short Term Generator</b> (This question is automatically reported as no to the U.S. Environmental Protection Agency)	<b>12. Recognized Trader</b> <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter	
<input type="checkbox"/> <b>4. U.S. Importer of Hazardous Waste</b>	<b>13. Importer/Exporter of Spent Lead Acid Batteries (SLABs)</b> <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter	
<input checked="" type="checkbox"/> <b>5. Mixed Waste Generator (Hazardous and Radioactive)</b>		
<b>6. Transporter of Hazardous Waste (HW)</b> <input checked="" type="checkbox"/> a. HW Transporter <input type="checkbox"/> b. HW Transfer Facility		

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10b. Universal Waste Activities</b>		
<b>1. Large Quantity Handler of Universal Waste</b> (Mark all boxes that apply) <input checked="" type="checkbox"/> a. Batteries <input checked="" type="checkbox"/> b. Lamps <input type="checkbox"/> c. Mercury containing equipment  (Note: Large Quantity Handlers accumulate 11,000 pounds or more total of universal waste (batteries, thermostats, and lamps calculated collectively) and/or accumulates more than 2,200 pounds of universal waste lamps at any time.)		
<input type="checkbox"/> <b>2. Destination Facility for Universal Waste</b> (Note: Please check this box if you either store waste from off-site sources prior to recycling or if you recycle waste from off-site sources without first storing the waste.)		
<b>10c. Used Oil Activities</b>		
<b>1. Off-Specification Used Oil Burner</b>		<b>3. Used Oil Transporter - Indicate types of activities</b>
<input type="checkbox"/> a. Utility Boiler		<input type="checkbox"/> a. Transporter
<input type="checkbox"/> b. Industrial Boiler		<input type="checkbox"/> b. Transfer Facility
<input type="checkbox"/> c. Industrial furnace		
<b>2. Used Oil Processor/Re-refiner</b>		<b>4. Used Oil Fuel Marketer</b>
<input type="checkbox"/> a. Processor		<input type="checkbox"/> a. Directs shipment of used oil to used oil burner
<input type="checkbox"/> b. Re-refiner		<input type="checkbox"/> b. First claims the used oil meets the specifications

**10d. Eligible Academic Entities with Laboratories –** Notification to participate in or withdraw from the State Academic Laboratory Rule - (Subpart K) for managing laboratory dangerous waste under WAC173-303-235.

**1. Yes, I am managing dangerous wastes under this rule.**

<input type="checkbox"/> a. College or University
<input type="checkbox"/> b. Teaching hospital that is owned by (or has a formal written affiliation agreement with) a college or university.
<input type="checkbox"/> c. Non-profit institute that is owned by (or has a formal written agreement with) a college or university

**2. ☐ Yes, I wish to withdraw from this rule.** (If you were managing dangerous wastes under the State Academic Laboratory Rule and you no longer wish to participate, select this option.)

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10e. State Required Information. Washington State requires the following information. Please answer all questions that apply to your site.</b>		
<b>1. Washington State Tax Registration Number (UBI number):</b>	<u>601319923</u>	
<b>2. How Frequently do you generate dangerous waste?</b>		
<input checked="" type="checkbox"/> a. Monthly <input type="checkbox"/> b. Batch <input type="checkbox"/> c. Spill Event <input type="checkbox"/> d. Clean-up: Remediation of past contamination		
<input type="checkbox"/>	<b>3. Generator of special waste (per WAC 173-303-073)</b>	
<input type="checkbox"/>	<b>4. Recycler of On-Site Waste (i.e. on-site use, reuse, or reclamation of a waste after it was generated)</b>	
<input checked="" type="checkbox"/>	<b>5. Permit-by-Rule (PBR)</b>	
<input checked="" type="checkbox"/>	<b>6. Treatment by Generator (TBG)</b>	
<input checked="" type="checkbox"/>	<b>7. Transport your own waste</b>	
<b>8. Dangerous Waste Fuel Activities</b>		
<input type="checkbox"/>	a. Generator of dangerous waste fuel	
<input type="checkbox"/>	b. Generator marketing to burner	
<input type="checkbox"/>	c. Other marketers (i.e. blender, distributor etc)	
	d. Burner (indicate type of combustion unit)	
	<input type="checkbox"/> 1. Utility Boiler	
	<input type="checkbox"/> 2. Industrial Boiler	
	<input type="checkbox"/> 3. Industrial Furnace	
<b>Description of Hazardous Wastes</b>		Additional codes may be added to comments if needed.
<b>11. Waste Codes for Federally Regulated Hazardous Wastes:</b> What codes best describe your waste (e.g., D001 – Ignitable, D002 – Corrosive, D003 – Reactive, etc.)? Find these codes on your Uniform Hazardous Waste Manifest or call your designated facility.		
D001,D002,D003,D004,D005,D006,D007,D008,D009,D010,D011,D018,D019,D022,D030,D038,D039,F001,F002,F003,F004,F005,U002,U003,U154,U210,U213,D012,D013,D014,D020,D021,D023,D024,D025,D027,D028,D029,D031,D032,D033,D034,D035,D036,D037,D040,D041,D042,D043,F039,U031,U080,U112,U151,P003,P030,P106,U123		
<b>12. Waste Codes for State Regulated (non-Federal) Hazardous Wastes:</b> What codes best describe your waste (e.g., WT02 – Toxic, WP02 – Persistent, WSC2 – Solid Corrosive, etc.)? Find these codes on your Uniform Hazardous Waste Manifest or call your designated facility.		
WP01,WP02,WP03,WSC2,WT01,WT02		

Dangerous Waste Site Identification Form (continued)	Site ID
<b>13. Episodic Generator</b>	
<input type="checkbox"/> Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category? If "Yes", you must fill out the Addendum for Episodic Generator.	
<b>14. LQG Consolidation of SQG Hazardous Waste</b>	
<input type="checkbox"/> Are you an LQG notifying of consolidating SQG Hazardous Waste Under the Control of the Same Person pursuant to WAC 173-303-171 ? If "Yes", you must fill out the Addendum for LQG Consolidation of SQGs Hazardous Waste.	
<b>15. Notification of LQG Site Closure of a Central Accumulation Area (CAA) OR Entire Facility</b>	
<input type="checkbox"/> LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility	
A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility	
B. Expected closure date: N/A	
C. Requesting new closure date: N/A	
D. Date closed:	
<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance <input type="checkbox"/> Will close as a landfill, WAC 173-303-665 <input type="checkbox"/> Will close under drip pad standards, WAC 173-303-675	
<b>16. Notification of Hazardous Secondary Material (HSM) Activity</b>	
<input type="checkbox"/> A. Are you notifying under WAC 173-303-017(8) that you will begin managing, are managing, or will stop managing hazardous secondary material under WAC 173-303-017(5)? If 'Yes', you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.	
<b>17. Manifest Broker</b>	
<input type="checkbox"/> Are you a Manifest Broker?	
<b>18. Comments</b> - Attach additional sheets if you need more room.	
10.e.6. Treatment by generator: H120 (Combination of chemical, biological, and/or physical treatment), H121 (Neutralization), H122 (Evaporation), and H129 (Macroencapsulation). Waste generated in 2019 but not treated or shipped will be reported on the 2020 annual dangerous waste report.	
<b>19. Certification</b> - This form cannot be processed without a wet ink signature.	
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: <u>02/03/2020</u>
Name (print or type): <u>J P</u>	Title: <u>M</u>

## Off-Site Identification Form

**OI**

EPA/State ID Number:	WA7890008967	Reporting Year:	2019
Site Name:	US Dept of Energy Hanford Facility		
EPA/State ID Number:	ARD069748192		
Name:	CLEAN HARBORS EL DORADO		
Address:	309 AMERICAN CIRCLE,		
City/State/Zip:	EL DORADO, AR 71730		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		

EPA/State ID Number:	AZD982441263		
Name:	EVOQUA WATER TECHNOLOGIES		
Address:	2523 MUTAHAR STREET,		
City/State/Zip:	PARKER, AZ 85344		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		

EPA/State ID Number:	CAT000624247		
Name:	MP ENVIRONMENTAL SERVICES, INC.		
Address:	3400 N MANOR STREET,		
City/State/Zip:	BAKERSFIELD, CA 93308		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		

EPA/State ID Number:	COR000005389		
Name:	CAST TRANSPORTATION		
Address:	9850 HAVANA ST.,		
City/State/Zip:	HENDERSON, CO 80640		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		

EPA/State ID Number:	FLD980711071		
Name:	PERMA FIX OF FLORIDA		
Address:	1940 NW 67TH PLACE SUITE A,		
City/State/Zip:	GAINESVILLE, FL 32653		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		



EPA/State ID Number:	ILD098642424
Name:	ONYX ENVIRONMENTAL SVCS
Address:	7 MOBILE AVE,
City/State/Zip:	SAUGET, IL 62201
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	MAD039322250
Name:	CLEAN HARBORS ENVIRONMENTAL SERVICES INC
Address:	100 JOSEPH ST,
City/State/Zip:	KINGSTON, MA 02364
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	MNS000110924
Name:	STERICYCLE SPECIALTY WASTE SOLUTIONS INC
Address:	18000 72ND AVE S.,
City/State/Zip:	KENT, WA 98032
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	MOD095038998
Name:	TRI-STATE MOTOR TRANSIT
Address:	PO BOX 113,
City/State/Zip:	JOPLIN, MO 64802-0113
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	NJD080631369
Name:	VEOLIA ES TECHNICAL SOLUTIONS CORP
Address:	1 EDEN LN,
City/State/Zip:	FLANDERS, NJ 07836
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	TND982109142
Name:	DIVERSIFIED SCIENTIFIC SERVICES, INC.
Address:	657 GALLAHER ROAD,
City/State/Zip:	KINGSTON, TN 37763

Country:	US
Handler Type (Check all that apply):	<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	TNR000005397
Name:	EAST TENNESSE M&EC
Address:	2010 HWY 58 SUITE 1020,
City/State/Zip:	OAK RIDGE, TN 37830
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	TNR000034686
Name:	HITTMAN TRANSPORT SERVICES, INC.
Address:	1560B BEAR CREEK RD,
City/State/Zip:	OAK RIDGE, TN 37830
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	UTD981552177
Name:	CLEAN HARBORS ARAGONITE, LLC
Address:	11600 NORTH APTUS RD.,
City/State/Zip:	ARAGONITE, UT 84029
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	UTD991301748
Name:	CLEAN HARBORS GRASSY MOUNTAIN, LLC
Address:	EX41 OF I-80 3 M E, 7 M N OF KNOLLS,
City/State/Zip:	GRASSY MT, UT 84029
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	WA2170023418
Name:	PUGET SOUND NAVAL SHIPYARD
Address:	1400 FARRAGUT AVE.,
City/State/Zip:	BREMERTON, WA 98314-5001
Country:	US
Handler Type (Check all that apply):	<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	WAD020257945
Name:	BURLINGTON ENVIRONMENTAL, LLC
Address:	1701 EAST ALEXANDER AVENUE,
City/State/Zip:	TACOMA, WA 98421
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	WAD093687622
Name:	BATTELLE MARINE SCIENCES LABORATORIES
Address:	439 W. SEQUIM BAY RD,
City/State/Zip:	SEQUIM, WA 98382
Country:	US
Handler Type (Check all that apply):	<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	WAD988501441
Name:	DUNLAP TOWING COMPANY
Address:	617 NORTH FIRST STREET,
City/State/Zip:	LA CONNER, WA 98257
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	WAD991281767
Name:	BURLINGTON ENVIRONMENTAL, LLC
Address:	20245 77TH AVE. SOUTH,
City/State/Zip:	KENT, WA 98032
Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	WAH000025124
Name:	US DOE OFFICE OF SCIENCE PNNL SITE
Address:	3335 Q AVENUE (EMSL),
City/State/Zip:	RICHLAND, WA 99354
Country:	US
Handler Type (Check all that apply):	<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

EPA/State ID Number:	WAR000001743
Name:	BURLINGTON ENVIRONMENTAL, LLC
Address:	1729 ALEXANDER AVENUE,
City/State/Zip:	TACOMA, WA 98401

Country:	US
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste
EPA/State ID Number:	WAR000010355
Name:	PERMA-FIX NORTHWEST
Address:	2025 BATTELLE BLVD,
City/State/Zip:	RICHLAND, WA 99352
Country:	US
Handler Type (Check all that apply):	<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 1</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<b>A. Description of Dangerous Waste Stream</b>		
Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span>		
A-1. (Optional)		
A-2. Debris -		
A-3. U210,F001,F002,F003,F004,F005		A-4.
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	A-7. G19
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi	A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
A-9.a.		
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-12. Washington State Banned Material
<b>B. Waste Management Activities</b>		
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet		
B-2. Enter waste managed On-Site		B-2.a. Was waste managed according to the treatment-by-generator guidance?
<u>2252.674</u> <u>H132</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B-3. Enter Off-site summary		
B-4. <u>2252.674</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)		
B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity		
<b>C. Comments</b>		
A-3. ADDTL CODES: F039 A-7. Facility Maintenance Activities. B-2. Approximately 12% of the waste (i.e., 277.674 kg) was treated onsite prior to disposal (H129 - Macroencapsulation)		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 2</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal</p>		
<p>A-3. D008</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>152.41</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>152.41</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Maintenance &amp; Upgrade of Equipment A-8. radioactive lead solids. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 3</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris -</p>		
<p>A-3. U210,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>2885</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>2885</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F039 A-7. Misc Plant Processes</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 4</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Amalgamated Mercury with Rad contamination -</p>		
<p>A-3. U151,D009</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W320</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>1.8</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>1.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Spill Cleanup. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		



<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 5</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Alkaline Solutions or Solid - Metal, Solvents</p>		
<p>A-3. D001,D002,D003,D004,D005,D006</p>	<p>A-4. WP01 ,WP02</p>	
<p>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W110</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>3920908</u></p> <p><u>H129</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>3920908</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p>		
<p>B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D007, D008, D009, D010, D011, D018, D019, D022, D028, D029, D030, D033, D034, D035, D036, D038, D039, D040, D041, D043, F001, F002, F003, F005 A-4. ADDTL CODES: WT01, WT02 A-7. Waste from historic Hanford operations B-2. pH adjustment and sodium nitrite addition</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 6</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - TRU</p>		
<p>A-3. D005,D006,D007,D008,D009,F001</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G19</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>480.23</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>480.23</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F002, F003, F005 A-7. Facility Cleanout</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 7</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Soil -</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W301</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H141</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>531.01</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>531.01</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. H141</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 8</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal, Organics, Solvents</p>		
<p>A-3. D004,D005,D006,D007,D008,D009</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W002</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>9073.5535</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>9073.5535</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D010, D011, D022, D027, D028, D029, D030, D034, D037, D043, F001, F002, F003, F004, F005</p> <p>A-7. H129 A-9a. Repackaging, Sorting, Segregation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 9</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Discarded Chemical Products -</p>		
<p>A-3.</p>	<p>A-4. WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>12.21</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>12.21</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Maintenance &amp; Upgrade of Equipment A-8. Drager Tubes</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 10</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal</p>		
<p>A-3. D008</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>459.448</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>459.448</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Maintenance &amp; Upgrade of Equipment A-8. Metal pipe, scrap, or other metal debris. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 11</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Organics, Solvents</p>		
<p>A-3. U210,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W409</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>897</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>897</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F039 A-7. Misc Plant Processes A-8. Absorbed Solvents</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 12</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Dilute Wastewaters containing trace spent solvents and toxic metals</p>		
<p>A-3. U210,D001,D002,D003,D004,D005</p>	<p>A-4. WT01 ,WT02</p>	
<p>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W101</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H122</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>8870000</u></p> <p><u>H129</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>8870000</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p>		
<p>B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D006, D007, D008, D009, D010, D011, D018, D019, D022, D028, D029, D030, D033, D034, D035, D036, D038, D039, D040, D041, D043, F001, F002, F003, F004, F005, F039 A-7. H122 B-2. PH and Flow Equalization</p>		



<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 13</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Alkaline Solutions or Solid - Metal, Solvents</p>		
<p>A-3. D001,D002,D003,D004,D005,D006</p>	<p>A-4. WP01 ,WP02</p>	
<p>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W110</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>171000</u></p> <p><u>H122</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>171000</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D007, D008, D009, D010, D011, D018, D019, D022, D030, D033, D034, D035, D036, D038, D039, D040, D041, D043, F001, F002, F003, F004, F005 A-4. ADDTL CODES: WT01, WT02 A-7. H129 A-9a. pH adjustment and sodium nitrite addition</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 14</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Soil -</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G49</p>
<p>A-8. W301</p>	<p>A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>132856</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>132856</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Soil Remediation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 15</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Powder Waste -</p>		
<p>A-3. U210,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W319</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>2834.21</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>2834.21</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F039 A-7. H129 A-8. Inorganic/Organic Mixture A-9a. Macroencapsulation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 16</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal</p>		
<p>A-3. D006,D011</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>3.632</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>3.632</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Facility Cleanout. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 17</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Powder Waste -</p>		
<p>A-3. U210,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>5844.568</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>5844.568</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p>		
<p>B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F039 A-7. Bulk Waste Treatment A-8. Inorganic/Organic Mixture</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 18</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Paint contaminated Rags - Solvents</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>1.22</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>1.22</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Equipment Cleaning. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 19</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Powder Waste -</p>		
<p>A-3. U210,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W409</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>4122.07</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>4122.07</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F039 A-7. H129 A-8. Organic/Inorganic Leachate A-9a. Macroencapsulation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 20</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal, Organics, Solvents</p>		
<p>A-3. D004,D005,D006,D007,D008,D009</p>	<p>A-4. WSC2</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W002</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>3449.111</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>3449.111</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D010, D011, D030, D035, F001, F002, F003, F004, F005 A-7. H129 A-9a. Macroencapsulation</p>		



<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 21</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Organics, Solvents</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W002</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>3519.4</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>3519.4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. H129 A-9a. Macroencapsulation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 22</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed?                      <input type="checkbox"/> Off-Site                      <input checked="" type="checkbox"/> On-Site</p>		
<p>A-1. (Optional)</p>		
<p>A-2. Oil, Absorbed -</p>		
<p>A-3.</p>	<p>A-4. WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W219</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H100</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>283.8745</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>283.8745</u>                      <input type="checkbox"/> Tons      <input type="checkbox"/> Pounds      <input checked="" type="checkbox"/> Kilograms      <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u>                      <input type="checkbox"/> Lbs/gal      <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. H129 A-8. Washington State Toxic</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 23</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Powder Waste -</p>		
<p>A-3. U210,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W409</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>289.77</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>289.77</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F039 A-7. H129 A-8. Organic/Inorganic Leachate A-9a. Stabilization</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 24</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Discarded Commercial Products -</p>		
<p>A-3. D006,D011</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W320</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>109.6</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>109.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p> <p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Maintenance &amp; Upgrade of Equipment. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 25</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed?                      <input type="checkbox"/> Off-Site                      <input checked="" type="checkbox"/> On-Site</p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal</p>		
<p>A-3. D008</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W320</p>	<p>A-9. <input checked="" type="checkbox"/> i   <input type="checkbox"/> ii   <input type="checkbox"/> iii   <input type="checkbox"/> iv   <input type="checkbox"/> v   <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No   <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No   <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>397.5</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>397.5</u>                      <input type="checkbox"/> Tons      <input type="checkbox"/> Pounds      <input checked="" type="checkbox"/> Kilograms      <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____      <input type="checkbox"/> Lbs/gal      <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Facility Cleanout.    B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 26</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris -</p>		
<p>A-3. U210,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>2763</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>2763</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F039 A-7. Bulk Waste Treatment</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 27</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Metal or Equipment Containing Regulated Metals -</p>		
<p>A-3. D004,D006,D007,D008,D009,D010</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>3000</u> <u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>3000</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D011, F001, F002, F003, F004, F005 A-7. Lab Cleanout A-8. Contaminated Equipment. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 28</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Lab Waste - Organics</p>		
<p>A-3.</p>	<p>A-4. WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G19</p>
<p>A-8. W409</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>61.22</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>61.22</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Lab Cleanout A-8. Grouted Organic Waste</p>		



<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 29</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal</p>		
<p>A-3. D011</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>A-7. G19</p>
<p>A-8. W320</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>550</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>550</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p> <p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Facility Maintenance Activities. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 30</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris -</p>		
<p>A-3.</p>	<p>A-4. WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>A-7. G19</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>676</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>676</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Tank farm debris</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 31</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Powder waste from Treatment of Evaporator Condensate -</p>		
<p>A-3. U210,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>16918.774</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>16918.774</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p> <p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F039 A-7. Bulk Waste Treatment A-8. Inorganic/Organic Mixture</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 32</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Discarded Commercial Products - Metal</p>		
<p>A-3. D006,D011</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>14.24</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>14.24</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Facility Cleanout. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 33</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Discarded Commercial Products -</p>		
<p>A-3.</p>	<p>A-4. WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G19</p>
<p>A-8. W310</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>21.91</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>21.91</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Facility Maintenance Activities</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 34</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Thermal Treatment Residue</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W301</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>2485.26</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>2485.26</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. H129 A-9a. Thermal Treatment</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 35</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Light Bulbs - Mercury</p>		
<p>A-3. U210,D009,F001,F002,F003,F004</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W320</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>378.8</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>378.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F005, F039 A-7. Light Bulb Replacements. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 36</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Oil, Absorbed -</p>		
<p>A-3.</p>	<p>A-4. WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W409</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>136.674</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>136.674</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Maintenance &amp; Upgrade of Equipment A-8. Absorbed Oils</p>		



<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 37</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Dilute Wastewaters containing trace spent solvents and toxic metals</p>		
<p>A-3. U210,D001,D002,D003,D004,D005</p>	<p>A-4. WT01 ,WT02</p>	
<p>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W101</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>16800000</u></p> <p><u>H129</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>16800000</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p> <p>B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D006, D007, D008, D009, D010, D011, D018, D019, D022, D028, D029, D030, D033, D034, D035, D036, D038, D039, D040, D041, D043, F001, F002, F003, F004, F005, F039 A-7. H129 A-9a. PH and Flow Equalization B-2. UV Oxidation, Reverse Osmosis, Evaporation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 38</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris -</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>23600</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>23600</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Maintenance &amp; Upgrade of Equipment. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 39</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Alkaline, Metals, Solvents, Organics</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G19</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>30425</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>30425</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p>		
<p>B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-7. Tank farm debris</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 40</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Macroencapsulated Debris from Hanford Waste -</p>		
<p>A-3. U210,D004,D005,D006,D007,D008</p>	<p>A-4. WSC2 ,WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W002</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>23254.1491</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>23254.1491</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p>		
<p>B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D009, D010, D011, D030, F001, F002, F003, F004, F005, F039 A-7. H129 A-9a. Macroencapsulation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 41</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Macroencapsulated Debris from Hanford Waste -</p>		
<p>A-3.</p>	<p>A-4. WP02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W319</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>815.35</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>815.35</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. H129 A-8. Fire Extinguisher Media A-9a. Macroencapsulation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 42</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal, Organics, Solvents</p>		
<p>A-3. D004,D005,D006,D007,D008,D009</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W002</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>2600.67</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>2600.67</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: D010, D011, D022, D030, F001, F002, F003, F005 A-7. H129 A-9a. Grouting</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 43</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Soil - Organics, Solvents</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W301</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>1520.5</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>1520.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. H129 A-9a. Repackaging, Sorting, Segregation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 44</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal</p>		
<p>A-3. D011</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>A-7. G19</p>
<p>A-8. W320</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>1060</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>1060</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Facility Cleanout. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		



<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 45</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal</p>		
<p>A-3. D008</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>13152.41</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>13152.41</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p>		
<p>B-4.a. _____ <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-7. Maintenance &amp; Upgrade of Equipment A-8. Debris. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 46</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris - Metal</p>		
<p>A-3. D008</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>257.774</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>257.774</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Demolition Debris A-8. Metal pipe, scrap, or other metal debris. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 47</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Naval Reactor Compartments -</p>		
A-3. D008	A-4.	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	A-7. G61
A-8. W319	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input checked="" type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-12. Washington State Banned Material
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
B-2. Enter waste managed On-Site		B-2.a. Was waste managed according to the treatment-by-generator guidance?
<p><u>1531000</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
B-3. Enter Off-site summary		
<p>B-4. <u>1531000</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p> <p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Puget Sound Naval Shipyard A-8. Decommissioned, Defueled, Naval Reactor Compartments</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 48</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Aqueous waste generated during analytical procedures, testing, &amp; operations</p>		
<p>A-3. D002,D008,D010,D030,D038,F001</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W113</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>24930.74</u></p> <p><u>H129</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>24930.74</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. ADDTL CODES: F002, F003, F004, F005 A-7. Direct outflow from other production/service-related process B-2. pH adjustment and sodium nitrite addition</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 49</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Lab Waste - Metal</p>		
<p>A-3. D008</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W319</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>5000</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>5000</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Facility Cleanout A-8. Inorganic/Organic Mixture. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 50</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Debris -</p>		
<p>A-3. F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G19</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>133427.6</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>133427.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. Tank farm debris. B-2. Approximately 29% of the waste (i.e., 39077.6 kg) was treated onsite prior to disposal (H129 - Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 51</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Absorbed Aqueous Solutions -</p>		
<p>A-3.</p>	<p>A-4. WP02 ,WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G25</p>
<p>A-8. W319</p>	<p>A-9. <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input checked="" type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a. H129</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>72.5558</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>72.5558</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-7. H129 A-8. Absorbed Inorganic Liquid A-9a. Absorption</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 52</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. (Optional)</p>		
<p>A-2. Absorbed Aqueous Solutions - Organics, Solvents</p>		
<p>A-3. F003</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W002</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>6</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>6</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p> <p>B-4.a. _____ <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-7. Equipment Cleaning. B-2. Waste was treated onsite prior to disposal (H129 Macroencapsulation)</p>		



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 53</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W316	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		144.208	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 53</b>					
B-4. <u>144.208</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 54</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Acid Solution or Solid - Drager Tubes</b>					
<b>A-3. D007</b>			<b>A-4. WSC2</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.32	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 54</b>					
<b>B-4. <u>1.32</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Drager Tubes</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 55</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Organics, Solvents					
A-3. D001,D035,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W211	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		260.28	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 55</b>					
B-4. <u>260.28</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 56</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3. D009			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		2.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 56</b>					
B-4. <u>2.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Filter Replacement					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 57</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. (Optional)					
A-2. Lab Waste - Acid - Ignitable, Oxidizer					
A-3. D001,D002,F001,F002,F003,F004			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W105		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		6.43	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 57</b>					
B-4. <u>6.43</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F005 A-7. Lab Analytical Analysis					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 58</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Powder waste from Treatment of Evaporator Condensate -</b>					
<b>A-3. U210,F001,F002,F003,F004,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H132		516.26	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 58</b>					
<b>B-4. <u>516.26</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: F039 A-7. Bulk Waste Treatment A-8. Evaporated Salts</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 59			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W310	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		84.37	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 59</b>					
B-4. <u>84.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 60</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W209</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		82.97	
WAD020257945		H141		1196.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 60</b>					
<b>B-4. <u>1279.07</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 61			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W113	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.8	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 61</b>					
B-4. <u>1.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 62			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.			A-4. WSC2 ,WT01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 62</b>					
B-4. <u>0.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-4. ADDTL CODES: WT02 A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 63</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Organic Solutions or Compounds - Solvents					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		9.246	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 63</b>					
B-4. <u>9.246</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 64</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris -</b>					
<b>A-3. D007</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W307</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		44	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 64</b>					
<b>B-4. <u>44</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Misc Plant Processes</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 65			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Inks - Organics					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		8.8	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 65</b>					
B-4. <u>8.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Misc Plant Processes					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 66			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.			A-4. WP02 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.12	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 66</b>					
B-4. <u>1.12</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Aqueous Solutions					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 67</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Liquid -					
A-3. D002			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		3.25	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 67</b>					
B-4. <u>3.25</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 68			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Alkaline					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		251.14	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 68</b>					
B-4. <u>251.14</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 69</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W209</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		82.37	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 69</b>					
<b>B-4. <u>82.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 70</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Inorganic Solutions - Ignitable, Acid</b>					
<b>A-3. D001,D002,D004,D005,D006,D007</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W105</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		44.18	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 70</b>					
<b>B-4. <u>44.18</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: D008, D010, D011, F001, F002, F003, F004, F005 A-7. Lab Analytical Analysis</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 71</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Soil - Organics</b>					
<b>A-3. F001,F002,F003,F004,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W301</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		212	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 71</b>					
<b>B-4. <u>212</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Soil Sampling</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 72</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Research Analytical Waste					
A-3. D002,D004,D005,D006,D007,D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W105	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		25.72	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 72</b>					
B-4. <u>25.72</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: D010, D011, F001, F002, F003, F004, F005 A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 73</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable, Reactive, Metal					
A-3. D001,D003,D011			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W409	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		6.96	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 73</b>					
B-4. <u>6.96</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Debris					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 74</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G06</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		26.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 74</b>					
<b>B-4. <u>26.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Ignitable</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 75</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. TRU Project Debris - Solvents, Organics, Metals					
A-3. D004,D005,D006,D007,D008,D009			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G49	
A-8. W002	A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		46900.02	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 75</b>					
B-4. <u>46900.02</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-3. ADDTL CODES: D010, D011, D022, D027, D028, D029, D030, D034, D037, D043, F001, F002, F003, F004, F005 A-7. Burial Ground Remediation B-3. Repackaging, Sorting, Segregation					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 76			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W113		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.71	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 76</b>					
B-4. <u>0.71</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 77</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Labpack -</b>					
<b>A-3. D023,D024,D025,D027,D030,D032</b>			<b>A-4. WP01 ,WT02</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.53	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 77</b>					
<b>B-4. <u>0.53</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: D033, D034, D036, D037, D038, D041, D042 A-7. Lab Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 78</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Acid Solution or Solid - Ignitable</b>					
<b>A-3. D001,D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W119</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 78</b>					
<b>B-4. <u>0.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout A-8. Discarded Commercial Product - Corrosive</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 79</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Organics</b>					
<b>A-3.</b>			<b>A-4. WP01 ,WT02</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 79</b>					
<b>B-4. <u>0.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout A-8. Halogenated/Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 80			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Liquid - Ignitable, Metals, Organics					
A-3. D001,D007,D008,D018,D035,F003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W209	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		84.34	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 80</b>					
B-4. <u>84.34</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F005					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 81</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Liquid - Ignitable, Metals, Solvents					
A-3. D001,D007,D008,D035,F003,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W209	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		97.1	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 81</b>					
B-4. <u>97.1</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 82</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W409</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.71	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 82</b>					
<b>B-4. <u>0.71</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Solidified Organic Waste</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 83			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Metal					
A-3.			A-4. WT01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W316		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 83</b>					
B-4. <u>1.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 84</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable, Organics</b>					
<b>A-3. D001,D035</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		8.9	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 84</b>					
<b>B-4. <u>8.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Halogenated/Non-Halogenated Organics</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 85			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Ignitable					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 85</b>					
B-4. <u>5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 86			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Spill Cleanup - Inorganic					
A-3. D008			A-4. WSC2 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G32	
A-8. W319		A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		10.2	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 86</b>					
B-4. <u>10.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Spill cleanup materials and soils					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 87</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		2.8	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 87</b>					
<b>B-4. <u>2.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 88</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Absorbed Aqueous Solutions -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G32</b>	
<b>A-8. W319</b>	<b>A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		23.16	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 88</b>					
<b>B-4. <u>23.16</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Absorbed Inorganic Liquid</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 89			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Aqueous Solutions -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W113	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		6.12	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 89</b>					
B-4. <u>6.12</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 90			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Organics					
A-3. D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G06	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		4.6	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 90</b>					
B-4. <u>4.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 91</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Organics</b>					
<b>A-3.</b>			<b>A-4. WP01 ,WT01</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		8.18	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 91</b>					
<b>B-4. <u>8.18</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-4. ADDTL CODES: WT02 A-7. Facility Cleanout B-3. Stabilization</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 92</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W316</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		167.8	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 92</b>					
<b>B-4. <u>167.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Maintenance &amp; Upgrade of Equipment</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 93</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Paint Debris -</b>					
<b>A-3.</b>			<b>A-4. WP02 ,WT02</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G06</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		1.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 93</b>					
<b>B-4. <u>1.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Paint Contaminated Debris</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 94</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3. D006,D008,D018			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H040		0.37	
WAD020257945		H132		11.07	
WAD020257945		H141		1.038	
<b>See GM Addendum B3 for Shipments Sent sequence number 94</b>					
B-4. <u>12.478</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Organic/Inorganic Mixture					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 95</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Labpack -					
A-3. U031,U112,U151,D001,D002,D004			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		76.143	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 95</b>					
B-4. <u>76.143</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: D005, D006, D007, D008, D010, D011, D012, D013, D014, D018, D019, D020, D021, D022, D027, D028, D029, D031, D032, D034, D035, D036, D037, D038, D039, D040, D043, F003 A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 96			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Metal or Equipment Containing Regulated Metals -					
A-3. D008,D009			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		38.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 96</b>					
B-4. <u>38.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Maintenance & Upgrade of Equipment A-8. Electrical Components - Circuit Boards					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 97			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		10.6	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 97</b>					
B-4. <u>10.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout A-8. Washington State Toxic					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 98</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Sludge - Absorbed -</b>					
<b>A-3. U210,F001,F002,F003,F004,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		111.78	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 98</b>					
<b>B-4. <u>111.78</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: F039 A-7. Facility Cleanout A-8. Absorbed Inorganic Liquid B-3. Stabilization</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 99</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Filters - Organics					
A-3. D001,D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W310	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		74.47	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 99</b>					
B-4. <u>74.47</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Filter Replacement					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 100			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W409	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		75.94	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 100</b>					
B-4. <u>75.94</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Non-Halogenated Organics					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 101</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Paint Waste - Liquid -</b>					
<b>A-3. D001,D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W209</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H121		3.41	
WAD020257945		H141		5.41	
<b>See GM Addendum B3 for Shipments Sent sequence number 101</b>					
<b>B-4. <u>8.82</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 102			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Fuels - Ignitable, Organic					
A-3. D001,D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H129		37.4974	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 102</b>					
B-4. <u>37.4974</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Fuels B-3. Thermal Treatment					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 103			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste - Organics					
A-3. U080,D002,D023,D024,D025,D027			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
B-3. Enter Off-site summary					
Designated Facility (TSDR)	Management Code	Quantity	Recycling Percent		
TND982109142	H141	76.029	0		
<b>See GM Addendum B3 for Shipments Sent sequence number 103</b>					
B-4. <u>76.029</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: D030, D032, D033, D034, D036, D037, D038, D041, D042, F001, F002, F003, F004, F005 A-7. Lab Analytical Analysis A-8. Aqueous Solutions					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 104</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WT01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W319	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		67.47	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 104</b>					
B-4. <u>67.47</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Sand/Silicas					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 105</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Lab Waste - Acid -</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W105</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		253.05	
WAD020257945		H141		62.9	
<b>See GM Addendum B3 for Shipments Sent sequence number 105</b>					
<b>B-4. <u>315.95</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Analytical Waste</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 106			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste -					
A-3. D002,D010,F001,F002,F003,F004			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		58.68	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 106</b>					
B-4. <u>58.68</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F005 A-7. Lab Cleanout A-8. Acid Solutions					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 107</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste -					
A-3. D005,D007,D011,F001,F002,F003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W319	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		69.55	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 107</b>					
B-4. <u>69.55</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F004, F005, F039 A-7. Lab Cleanout A-8. Mixture of Chemical Products					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 108			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3. D018,D035			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G06	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		117.37	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 108</b>					
B-4. <u>117.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Paint Contaminated Debris					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 109</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris -</b>					
<b>A-3.</b>		<b>A-4. WP01 ,WT02</b>			
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G06</b>	
<b>A-8. W409</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		122.4	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 109</b>					
<b>B-4. <u>122.4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Halogenated/Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 110			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3. D001,D004,D006,D008,D009,D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W209	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H050		50.84	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 110</b>					
B-4. <u>50.84</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 111</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Lab Waste -</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W105</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		31.6	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 111</b>					
<b>B-4. <u>31.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 112</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Lab Waste - Alkaline -</b>					
<b>A-3. U210,D002,F001,F002,F003,F004</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		0.37	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 112</b>					
<b>B-4. <u>0.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: F005, F039 A-7. Lab Analytical Analysis</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 113</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>			<b>A-4. WP01 ,WT02</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.027	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 113</b>					
<b>B-4. <u>0.027</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Organic/Inorganic Mixture</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 114</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Labpack - Ignitable</b>					
<b>A-3. D001,D002,D005,D006,D007,D008</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		9.05	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 114</b>					
<b>B-4. <u>9.05</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: D011 A-7. Lab Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 115</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>			<b>A-4. WP01 ,WT01</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W113</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		649.818	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 115</b>					
<b>B-4. <u>649.818</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-4. ADDTL CODES: WT02 A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 116</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Oil -					
A-3. D021,D039,D040,F002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W206	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		100	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 116</b>					
B-4. <u>100</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Lab Cleanout					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 117			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Metal -					
A-3. D007			A-4. WP02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G19	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		159	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 117</b>					
B-4. <u>159</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Maintenance Activities A-8. Organic/Inorganic Mixture					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 118</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Filters - HEPA -					
A-3.			A-4. WSC2 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.33	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 118</b>					
B-4. <u>0.33</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout A-8. Used Filters					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 119</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Carbon Tet Canisters with Activated Carbon -</b>					
<b>A-3. D022,F001,F002,F003,F004,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G49</b>	
<b>A-8. W310</b>		<b>A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
AZD982441263		H039		44452	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 119</b>					
<b>B-4. <u>44452</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Remediation Waste B-3. All recovery and reclamation</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 120</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3.			A-4. WP03		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		6.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 120</b>					
B-4. <u>6.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Maintenance Activities A-8. Debris					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 121</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable, Organics</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W209</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		13.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 121</b>					
<b>B-4. <u>13.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 122</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Aerosols -</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		8.8	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 122</b>					
<b>B-4. <u>8.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Halogenated/Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 123</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3. D005,D006,D008,D009,D011,F001			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G19	
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		18987.254	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 123</b>					
B-4. <u>18987.254</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F002, F003, F004, F005 A-7. Tank farm debris					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 124</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Organics					
A-3.			A-4. WP02 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		497	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 124</b>					
B-4. <u>497</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Misc Plant Processes					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 125			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Organic Solutions or Compounds - Solvents					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H129		3.18	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 125</b>					
B-4. <u>3.18</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout B-3. Thermal Treatment					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 126</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Ignitable</b>					
<b>A-3. D001,D035</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		12.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 126</b>					
<b>B-4. <u>12.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 127</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Ignitable, Metal</b>					
<b>A-3. D001,D005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 127</b>					
<b>B-4. <u>0.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Heavy Metals present</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 128</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Paint Waste - Liquid - Ignitable</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W209</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		3.41	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 128</b>					
<b>B-4. <u>3.41</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 129</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Organics</b>					
<b>A-3.</b>		<b>A-4. WP01 ,WT02</b>			
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G06</b>	
<b>A-8. W210</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		50.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 129</b>					
<b>B-4. <u>50.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 130</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Organics					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G06	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		3.5	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 130</b>					
B-4. <u>3.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 131</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Ignitable, Organics					
A-3. D001,D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		19.72	
WAD020257945		H141		23	
				Recycling Percent	
				0	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 131</b>					
B-4. <u>42.72</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Ignitable					

<b>Generation and Management Form</b>			<b>GM</b>	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>	
<b>Sequence: 132</b>			<b>For Ecology Use Only:</b> _____	
<b>A. Description of Dangerous Waste Stream</b>				
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>				
<b>A-1. (Optional)</b>				
<b>A-2. Debris -</b>				
<b>A-3. U210,D004,D005,D006,D007,D008</b>			<b>A-4. WSC2</b>	
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>	
<b>B. Waste Management Activities</b>				
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>				
<b>B-2. Enter waste managed On-Site</b>  _____ _____			<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>				
Designated Facility (TSDR)	Management Code	Quantity	Recycling Percent	
TNR000005397	H141	25.77	0	
WAR000010355	H110	167.43	0	
WAR000010355	H141	265.9	0	
<b>See GM Addendum B3 for Shipments Sent sequence number 132</b>				
<b>B-4. <u>459.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>				
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>				
<b>C. Comments</b>				
<b>A-3. ADDTL CODES: D009, D010, D011, F001, F002, F003, F004, F005, F039</b> <b>A-7. Lab Cleanout</b>				



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 133</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Organics					
A-3.			A-4. WT01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		12.26	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 133</b>					
B-4. <u>12.26</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Washington State Toxic					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 134</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		4.6	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 134</b>					
B-4. <u>4.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Paint, Grease					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 135</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3. D018</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.75	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 135</b>					
<b>B-4. <u>0.75</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. RCRA Toxic</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 136</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable, Organics</b>					
<b>A-3. D001,D018,D035</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		30.6	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 136</b>					
<b>B-4. <u>30.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 137</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable, Organics</b>					
<b>A-3. D001,D035</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W209</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H061		142.37	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 137</b>					
<b>B-4. <u>142.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 138</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste - Acid - Ignitable, Organics					
A-3. U123,D001,D002,D038,F001,F002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		7.355	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 138</b>					
B-4. <u>7.355</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F003, F004, F005 A-7. Lab Analytical Analysis A-8. Aqueous Solutions					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 139</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Aerosols -					
A-3.			A-4. WP01 ,WT01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		11.824	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 139</b>					
B-4. <u>11.824</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-4. ADDTL CODES: WT02 A-7. Facility Cleanout A-8. Halogenated/Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 140</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Debris -					
A-3. D035			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G06	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		113.77	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 140</b>					
B-4. <u>113.77</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Halogenated/Non-Halogenated Organics					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 141</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Filters - HEPA -</b>					
<b>A-3. D009</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		32.4	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 141</b>					
<b>B-4. <u>32.4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Filter Replacement</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 142</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W319</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		89.77	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 142</b>					
<b>B-4. <u>89.77</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Mixture of Chemical Products</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 143</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Light Bulbs - Lead, Mercury</b>					
<b>A-3. D008,D009</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W320</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		3.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 143</b>					
<b>B-4. <u>3.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Light Bulb Replacements</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 144</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H050		1.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 144</b>					
<b>B-4. <u>1.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Acid Solutions</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 145</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W119		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H040		0.928	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 145</b>					
B-4. <u>0.928</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Discarded Commercial Product - Corrosive					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 146</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Lab Waste - Acid - Organics</b>					
<b>A-3. D002,D023,D024,D025,D027,D030</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		7.58	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 146</b>					
<b>B-4. <u>7.58</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: D032, D033, D034, D036, D037, D038, D042, F001, F002, F003, F004, F005</b> <b>A-7. Analytical Waste</b> <b>A-8. Aqueous Solutions</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 147</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste -					
A-3. D002,D004,D005,D006,D007,D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W105	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		9.946	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 147</b>					
B-4. <u>9.946</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-3. ADDTL CODES: D010, D011, F001, F002, F003, F004, F005 A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 148</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>		<b>A-4. WP01</b>			
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.003	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 148</b>					
<b>B-4. <u>0.003</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Halogenated Organics</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 149</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Alkaline, Reactive</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		23.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 149</b>					
<b>B-4. <u>23.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 150			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Oil - Organics					
A-3.			A-4. WP02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G16	
A-8. W206		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H050		68.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 150</b>					
B-4. <u>68.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 151			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Organics					
A-3.		A-4. WT01 ,WT02			
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		72.97	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 151</b>					
B-4. <u>72.97</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Maintenance Activities A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 152			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Labpack -					
A-3. P030			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W004		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.09	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 152</b>					
B-4. <u>0.09</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 153</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Aerosols -					
A-3.			A-4. WT01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W211	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.0589	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 153</b>					
B-4. <u>1.0589</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 154</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Metal, Organics					
A-3. D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G19	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		374	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 154</b>					
B-4. <u>374</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Tank farm debris A-8. radioactive lead solids					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 155</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Paint Waste - Solid -</b>					
<b>A-3. D008</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		249.48	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 155</b>					
<b>B-4. <u>249.48</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Maintenance Activities</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 156</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Ignitable, Organics</b>					
<b>A-3. D001,D018</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W209</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		7.3	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 156</b>					
<b>B-4. <u>7.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 157</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Alkaline</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		2.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 157</b>					
<b>B-4. <u>2.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 158</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris -</b>					
<b>A-3. F001,F002,F003,F004,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		125	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 158</b>					
<b>B-4. <u>125</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Misc Plant Processes</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 159</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Liquid - Ignitable					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		5.5	
WAD020257945		H141		39.5	
				Recycling Percent	
				0	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 159</b>					
B-4. <u>45</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 160			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Radioactive Oil -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G19	
A-8. W206		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		224	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 160</b>					
B-4. <u>224</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 161</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Paint Waste - Solid - Metal</b>					
<b>A-3. D007,D008</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G06</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		28.12	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 161</b>					
<b>B-4. <u>28.12</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Paint Contaminated Debris</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 162</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Acid Solution or Solid - Metal, Solvents</b>					
<b>A-3. D005,D007,D008,D011,F001,F002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W316</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TNR000005397		H141		18.477	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 162</b>					
<b>B-4. <u>18.477</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: F003, F004, F005 A-7. Lab Cleanout</b>					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 163</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Debris -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W409	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		57.01	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 163</b>					
B-4. <u>57.01</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Brushes, Rollers					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 164</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Liquid -					
A-3.			A-4. WP01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		4.41	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 164</b>					
B-4. <u>4.41</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 165</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Labpack - Ignitable					
A-3. D001,D035			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		4.8288	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 165</b>					
B-4. <u>4.8288</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 166</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code	Quantity		Recycling Percent
WAD020257945		H040	13.8		0
WAD020257945		H141	0.004		0
WAD991281767		H110	25.5		0
WAD991281767		H141	1.5		0
<b>See GM Addendum B3 for Shipments Sent sequence number 166</b>					
B-4. <u>40.804</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

A-7. Facility Cleanout A-8. Halogenated/Non-Halogenated Organics

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 167			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Organics					
A-3.			A-4. WP01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		4.15	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 167</b>					
B-4. <u>4.15</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 168			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code	Quantity		Recycling Percent
WAD020257945		H040	78.28		0
WAD020257945		H141	63.98		0
<b>See GM Addendum B3 for Shipments Sent sequence number 168</b>					
B-4. <u>142.26</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Washington State Toxic					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 169			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Metal, Solvents					
A-3. D004,D006,D007,D008,D009,D010			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)	Management Code	Quantity	Recycling Percent		
TNR000005397	H141	51.58	0		
WAR000010355	H141	151.19	0		
<b>See GM Addendum B3 for Shipments Sent sequence number 169</b>					
B-4. <u>202.77</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-3. ADDTL CODES: D011, F001, F002, F003, F004, F005 A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 170			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Soil -					
A-3. F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W301	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		44.274	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 170</b>					
B-4. <u>44.274</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Spill Cleanup					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 171</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Organic Solutions or Compounds - Ignitable, Solvents, Organics</b>					
<b>A-3. D001,D002,F001,F002,F003,F004</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		12.221	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 171</b>					
<b>B-4. <u>12.221</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: F005 A-7. Lab Cleanout A-8. Ignitable</b>					



Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 172</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		24.37	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 172</b>					
B-4. <u>24.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Halogenated/Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 173</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WT01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		128.27	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 173</b>					
B-4. <u>128.27</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Misc Plant Processes A-8. Washington State Toxic					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 174</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Spill Cleanup - Organic</b>					
<b>A-3. D018</b>			<b>A-4. WT02</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		105.204	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 174</b>					
<b>B-4. <u>105.204</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Spill Cleanup A-8. Absorbed Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 175</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Liquid -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W119	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		44.35	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 175</b>					
B-4. <u>44.35</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. PAINT					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 176</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Ignitable</b>					
<b>A-3. U002,D001,D035</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		56.55	
WAD020257945		H141		15.9	
<b>See GM Addendum B3 for Shipments Sent sequence number 176</b>					
<b>B-4. <u>72.45</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 177</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris -</b>					
<b>A-3. D008,F001,F002,F003,F004,F005</b>			<b>A-4. WP01 ,WSC2</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		74.38	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 177</b>					
<b>B-4. <u>74.38</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-4. ADDTL CODES: WT02 A-7. Lab Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 178</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		13.03	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 178</b>					
B-4. <u>13.03</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Mixed oxides					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 179</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Alkaline</b>					
<b>A-3.</b>		<b>A-4. WSC2</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W319</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		21.52	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 179</b>					
<b>B-4. <u>21.52</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Sand/Silicas</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 180</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W319</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		13.31	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 180</b>					
<b>B-4. <u>13.31</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Metal Salts</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 181</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Oxidizer</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		16.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 181</b>					
<b>B-4. <u>16.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Oxidizers</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 182</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Adhesives - Ignitable - Organics</b>					
<b>A-3. D001,D035</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		15.3	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 182</b>					
<b>B-4. <u>15.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 183</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		2.73	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 183</b>					
B-4. <u>2.73</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Washington State Toxic					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 184</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Aerosols -</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		13.9591	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 184</b>					
<b>B-4. <u>13.9591</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 185</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Organics</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		18.614	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 185</b>					
<b>B-4. <u>18.614</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 186</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Compressed Gas - Flammable -</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W801</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		7.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 186</b>					
<b>B-4. <u>7.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Aerosol Puncturing</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 187</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris - Metal</b>					
<b>A-3. D008,D011</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W320</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		7.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 187</b>					
<b>B-4. <u>7.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Maintenance &amp; Upgrade of Equipment</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 188</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3. D005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 188</b>					
<b>B-4. <u>5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Photograph Development A-8. Debris</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 189</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WP02 ,WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G06</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		13.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 189</b>					
<b>B-4. <u>13.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Halogenated/Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 190			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable					
A-3. D001,D027			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W211		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		2.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 190</b>					
B-4. <u>2.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 191</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		36	
WAD991281767		H110		20	
				Recycling Percent	
				0	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 191</b>					
B-4. <u>56</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Maintenance Activities A-8. Halogenated/Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 192</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable, Organics</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 192</b>					
<b>B-4. <u>1.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 193</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3. D021</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 193</b>					
<b>B-4. <u>1.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Halogenated/Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 194</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. (Optional)					
A-2. Oil, Cutting - Organics					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		11.5	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 194</b>					
B-4. <u>11.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Maintenance Activities A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 195</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Metal, Organics					
A-3. D006,D007,D008,D009			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G19	
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		105.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 195</b>					
B-4. <u>105.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 196</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Filters - Metal</b>					
<b>A-3. D011</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		10.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 196</b>					
<b>B-4. <u>10.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 197</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Liquid - Ignitable, Solvents					
A-3. D001,D035,F003,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W209	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		499.46	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 197</b>					
B-4. <u>499.46</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 198</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Batteries - Lithium					
A-3. D001,D003			A-4. WSC2 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G19	
A-8. W309		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H129		0.5	
WAR000010355		H110		34	
				Recycling Percent	
				0	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 198</b>					
B-4. <u>34.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout B-3. Neutralization					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 199</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Lab Waste - Acid -</b>					
<b>A-3.</b>			<b>A-4. WSC2</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		5.3	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 199</b>					
<b>B-4. <u>5.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Analytical Waste</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 200			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G06	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		5.58	
WAD991281767		H141		38.1	
<b>See GM Addendum B3 for Shipments Sent sequence number 200</b>					
B-4. <u>43.68</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 201</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>		<b>A-4. WP01 ,WT02</b>			
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W002</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		18.98	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 201</b>					
<b>B-4. <u>18.98</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 202</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Metal, Organics</b>					
<b>A-3. D004,D006,D008,D029</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W409</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		72.95	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 202</b>					
<b>B-4. <u>72.95</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Solidified Organic Waste</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 203</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Beryllium Powder -					
A-3. U210,F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W319	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H132		51.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 203</b>					
B-4. <u>51.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F039 A-7. Bulk Waste Treatment A-8. Inorganic/Organic Mixture					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 204			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Soil -					
A-3. F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G49	
A-8. W301	A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		1969.282	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 204</b>					
B-4. <u>1969.282</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Soil Remediation					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 205</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste - Acid -					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W105		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		468.6	
WAD020257945		H141		298.3	
				Recycling Percent	
				0	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 205</b>					
B-4. <u>766.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Analytical Analysis					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 206			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Solvents					
A-3. D007,D008,F001,F002,F003,F004			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W320		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H121		36.66	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 206</b>					
B-4. <u>36.66</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F005 A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 207			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste - Organic Solutions -					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		30.44	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 207</b>					
B-4. <u>30.44</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Analytical Analysis A-8. Aqueous Solutions					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 208			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		55.374	
WAD991281767		H141		14.5	
<b>See GM Addendum B3 for Shipments Sent sequence number 208</b>					
B-4. <u>69.874</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 209</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W119</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		58.68	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 209</b>					
<b>B-4. <u>58.68</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. PAINT</b>					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 210</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Spill Cleanup - Organic					
A-3. D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G32	
A-8. W409		A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		113.3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 210</b>					
B-4. <u>113.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 211</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris - Metal</b>					
<b>A-3. D004,D006,D007,D008,D009,D010</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W320</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		92.72	
WAR000010355		H141		82.62	
<b>See GM Addendum B3 for Shipments Sent sequence number 211</b>					
<b>B-4. <u>175.34</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: D011, F001, F002, F003, F004, F005 A-7. Lab Cleanout</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 212			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Ignitable					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W209	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code	Quantity	Recycling Percent	
WAD020257945		H061	708.1	0	
WAD020257945		H141	1.6	0	
<b>See GM Addendum B3 for Shipments Sent sequence number 212</b>					
B-4. <u>709.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 213			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WP02 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W119		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		54.2	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 213</b>					
B-4. <u>54.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. PAINT					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 214			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable, Organics					
A-3. D001,D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W209	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		133.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 214</b>					
B-4. <u>133.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 215			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Aerosols -					
A-3. D001			A-4. WP02 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		25.21	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 215</b>					
B-4. <u>25.21</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Pesticide					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 216			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H132		0.3715	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 216</b>					
B-4. <u>0.3715</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Maintenance Activities					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 217</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W403</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		3.899	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 217</b>					
<b>B-4. <u>3.899</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 218			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. TRU Project Debris - Solvents					
A-3. D006,D007,D008,D009,F001,F002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G49	
A-8. W002	A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		2872	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 218</b>					
B-4. <u>2872</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F003, F005 A-7. Burial Ground Remediation B-3. Repackaging, Sorting, Segregation					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 219</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		47.96	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 219</b>					
<b>B-4. <u>47.96</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Washington State Toxic</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 220</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Radioactive Lead Solids -					
A-3. D002,D004,D008			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G19	
A-8. W309	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		2717	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 220</b>					
B-4. <u>2717</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 221			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WP02 ,WT01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G19	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		2066	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 221</b>					
B-4. <u>2066</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Fire Extinguisher Media					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 222</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Unused -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W319	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.2	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 222</b>					
B-4. <u>1.2</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Inorganic/Organic Mixture					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 223</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3. D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.9	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 223</b>					
B-4. <u>1.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 224</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable, Reactive</b>					
<b>A-3. D001,D003</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.3	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 224</b>					
<b>B-4. <u>1.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 225</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Spill Cleanup - Organic</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G32</b>	
<b>A-8. W409</b>		<b>A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		11	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 225</b>					
<b>B-4. <u>11</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Absorbed Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 226			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Oil -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G16	
A-8. W206		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		4.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 226</b>					
B-4. <u>4.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 227</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Metal, Organics</b>					
<b>A-3. D005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		6.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 227</b>					
<b>B-4. <u>6.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 228</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. (Optional)					
A-2. Debris -					
A-3.			A-4. WSC2 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		528	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 228</b>					
B-4. <u>528</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 229</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		15.76	
WAD991281767		H141		7.1	
<b>See GM Addendum B3 for Shipments Sent sequence number 229</b>					
<b>B-4. <u>22.86</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Washington State Toxic</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 230</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Batteries - Lithium					
A-3.			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W309		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		7.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 230</b>					
B-4. <u>7.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 231</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Fuels - Ignitable, Organic					
A-3. D001,D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		145.28	
WAD020257945		H141		166.28	
				Recycling Percent	
				0	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 231</b>					
B-4. <u>311.56</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Maintenance & Upgrade of Equipment A-8. Fuels					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 232			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable, Reactive					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W316	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		86.3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 232</b>					
B-4. <u>86.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 233</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		8.3	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 233</b>					
B-4. <u>8.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 234</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3. D001,D035			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H040		5.49	
WAD020257945		H141		11.99	
				Recycling Percent	
				0	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 234</b>					
B-4. <u>17.48</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Ignitable					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 235</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Spill Cleanup - Inorganic</b>					
<b>A-3. D008</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		35.296	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 235</b>					
<b>B-4. <u>35.296</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Spill Cleanup A-8. Spill cleanup materials and soils</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 236</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Oil - Organics</b>					
<b>A-3. D010,D018,D027,D030,D032,D033</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W206</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		155	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 236</b>					
<b>B-4. <u>155</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>  <b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-3. ADDTL CODES: D034, D036, D042, D043, F002</b> <b>A-7. Maintenance &amp; Upgrade of Equipment</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 237</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		88.57	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 237</b>					
B-4. <u>88.57</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 238			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		7.71	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 238</b>					
B-4. <u>7.71</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 239</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris - TRU</b>					
<b>A-3. D008</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		3411	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 239</b>					
<b>B-4. <u>3411</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout B-3. Repackaging, Sorting, Segregation</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 240</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3. F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G39	
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		17.274	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 240</b>					
B-4. <u>17.274</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Spill Cleanup					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 241			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Debris -					
A-3. D035			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G06	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		230.97	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 241</b>					
B-4. <u>230.97</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Paint Contaminated Debris					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 242			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Aerosols -					
A-3. U002,D001,D004,D006,D007,D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		142.6799	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 242</b>					
B-4. <u>142.6799</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: D009, D018, D035 A-7. Facility Cleanout A-8. Ignitable					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 243</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Acid Solution or Solid -					
A-3. U003,U154,D001,D002,D004,D005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		47.687	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 243</b>					
B-4. <u>47.687</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: D006, D007, D008, D009, D010, D011, D018, D019, D021, D022, D023, D024, D027, D028, D029, D030, D032, D033, D034, D035, D036, D038, D039, D040, D041, D043, F001, F002, F003, F004, F005 A-7. Lab Cleanout A-8. Ignitable					



Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 244</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. (Optional)					
A-2. Discarded Chemical Products - Alkaline					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W119		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H070		43.77	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 244</b>					
B-4. <u>43.77</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Discarded Commercial Product - Corrosive					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 245</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Reactive, Cyanides</b>					
<b>A-3. P106,D003</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W107</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		0.56	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 245</b>					
<b>B-4. <u>0.56</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 246			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3.			A-4. WP02 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		4.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 246</b>					
B-4. <u>4.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Maintenance Activities A-8. Fire Extinguisher Media					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 247</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		36.7	
WAD991281767		H141		7.9	
				0	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 247</b>					
B-4. <u>44.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 248</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.0079	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 248</b>					
<b>B-4. <u>0.0079</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Halogenated/Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 249</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Oxidizer</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.05	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 249</b>					
<b>B-4. <u>0.05</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout A-8. Non-Metal Salts</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 250			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste - Debris -					
A-3. D008,F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		109.08	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 250</b>					
B-4. <u>109.08</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 251</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W113</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.78	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 251</b>					
<b>B-4. <u>0.78</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 252</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3. D002,D018</b>			<b>A-4. WT02</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		17.19	
WAD991281767		H141		3.5	
<b>See GM Addendum B3 for Shipments Sent sequence number 252</b>					
<b>B-4. <u>20.69</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 253</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Aerosols -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G19	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		0.3629	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 253</b>					
B-4. <u>0.3629</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Washington State Toxic					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 254</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable, Organics</b>					
<b>A-3. D001,D003</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W210</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		14.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 254</b>					
<b>B-4. <u>14.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 255</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>			<b>A-4. WP01 ,WT02</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W209</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		2.6	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 255</b>					
<b>B-4. <u>2.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 256</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Paint Waste - Solid -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G06</b>	
<b>A-8. W409</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		10.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 256</b>					
<b>B-4. <u>10.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Solid Paint</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 257</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Spill Cleanup - Organic</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G32</b>	
<b>A-8. W319</b>		<b>A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 257</b>					
<b>B-4. <u>2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Absorbed Fuels</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 258</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		5.3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 258</b>					
B-4. <u>5.3</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Aqueous Solutions					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 259</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W409</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		3.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 259</b>					
<b>B-4. <u>3.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Organic/Inorganic Mixture</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 260			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable, Reactive					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W210	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.5	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 260</b>					
B-4. <u>0.5</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 261			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3. D019,D022,D027,D028,D029,D030			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W409	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		2	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 261</b>					
B-4. <u>2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: D032, D033, D034, D035, D036, D038, D039, D040, D042, D043 A-7. Aerosol Puncturing A-8. Absorbed Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 262</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste - Organics					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		31	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 262</b>					
B-4. <u>31</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout A-8. Washington State Toxic					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 263			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable, Organics					
A-3. D001,D019,D022,D027,D028,D029			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		174	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 263</b>					
B-4. <u>174</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: D030, D032, D033, D034, D035, D036, D038, D039, D040, D042, D043 A-7. Aerosol Puncturing A-8. Ignitable					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 264</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Aerosols -</b>					
<b>A-3. D001,D008,D035</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		7.68	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 264</b>					
<b>B-4. <u>7.68</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable B-3. Thermal Treatment</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 265</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Paint Waste -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W119</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		46.8	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 265</b>					
<b>B-4. <u>46.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. PAINT</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 266</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste - Organics					
A-3.			A-4. WP01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H141		0.12	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 266</b>					
B-4. <u>0.12</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 267</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Paint Waste - Liquid - Ignitable, Solvents					
A-3. D001,D035,F003,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		215.28	
WAD020257945		H141		515.56	
WAD991281767		H061		232.28	
<b>See GM Addendum B3 for Shipments Sent sequence number 267</b>					
B-4. <u>963.12</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Halogenated/Non-Halogenated Organics					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 268			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3.			A-4. WP02 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G06	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		67	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 268</b>					
B-4. <u>67</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 269			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Metal					
A-3. D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		40.37	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 269</b>					
B-4. <u>40.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Equipment Cleaning					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 270			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Labpack -					
A-3. P003,D001,D018,D019,D021,D022			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W119	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.961	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 270</b>					
B-4. <u>1.961</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: D027, D028, D029, D035, D036, D038, D039, D040 A-7. Lab Cleanout A-8. Discarded Commercial Product - Ignitable					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 271			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		3.529	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 271</b>					
B-4. <u>3.529</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 272</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W409	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		33.31	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 272</b>					
B-4. <u>33.31</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Solid Paint					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 273</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Filters -</b>					
<b>A-3. D009</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		18.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 273</b>					
<b>B-4. <u>18.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Filter Replacement</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 274</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		36.74	
WAD020257945		H141		3.1	
WAD991281767		H061		23.2	
<b>See GM Addendum B3 for Shipments Sent sequence number 274</b>					
B-4. <u>63.04</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 275</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		15.34	
WAD991281767		H141		6.5	
<b>See GM Addendum B3 for Shipments Sent sequence number 275</b>					
<b>B-4. <u>21.84</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Washington State Toxic</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 276			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Soil -					
A-3. F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G39	
A-8. W301		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		115.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 276</b>					
B-4. <u>115.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Waste Transfers					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 277</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris -</b>					
<b>A-3. D008,D009</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		150.3	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 277</b>					
<b>B-4. <u>150.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Maintenance &amp; Upgrade of Equipment A-8. Electrical Components - Circuit Boards</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 278</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Metal</b>					
<b>A-3. D008</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.8026	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 278</b>					
<b>B-4. <u>0.8026</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 279</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.16	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 279</b>					
B-4. <u>0.16</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Ignitable					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 280			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Acid Solution or Solid -					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W119		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		181.5	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 280</b>					
B-4. <u>181.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Discarded Commercial Product - Corrosive					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 281</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Spill Cleanup - Inorganic</b>					
<b>A-3.</b>		<b>A-4. WSC2</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G32</b>	
<b>A-8. W319</b>	<b>A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		4.35	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 281</b>					
<b>B-4. <u>4.35</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Absorbed Alkalines</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 282</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Fuels - Ignitable, Organic</b>					
<b>A-3. D001,D018</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		86.6	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 282</b>					
<b>B-4. <u>86.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Maintenance &amp; Upgrade of Equipment A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 283</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products - Ignitable, Organics</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H050		0.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 283</b>					
<b>B-4. <u>0.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 284			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3. D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G19	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		2000	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 284</b>					
B-4. <u>2000</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Debris B-3. Stabilization					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 285</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. TRU Project Debris - organic, metals					
A-3. D006,D007,D008,D011,D035			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G49	
A-8. W002		A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		834.47	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 285</b>					
B-4. <u>834.47</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Burial Ground Remediation B-3. Repackaging, Sorting, Segregation					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 286</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Aerosols -					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		2.2453	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 286</b>					
B-4. <u>2.2453</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 287</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. (Optional)					
A-2. Paint Waste - Liquid -					
A-3.			A-4. WP02 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W113		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		662.206	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 287</b>					
B-4. <u>662.206</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 288			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Acid Solution or Solid -					
A-3. D004,D008			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G32	
A-8. W409		A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		4	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 288</b>					
B-4. <u>4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Organic/Inorganic Mixture					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 289</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable, Organics</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		6.8	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 289</b>					
<b>B-4. <u>6.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 290</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3. D035</b>			<b>A-4. WT02</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		3.9	
WAD991281767		H141		4.5	
<b>See GM Addendum B3 for Shipments Sent sequence number 290</b>					
<b>B-4. <u>8.4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 291</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W319</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		1.8	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 291</b>					
<b>B-4. <u>1.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Inorganic/Organic Mixture</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 292</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable, Organics					
A-3. D001,D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W211	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H061		5.5	
WAD991281767		H061		2.5	
<b>See GM Addendum B3 for Shipments Sent sequence number 292</b>					
B-4. <u>8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 293</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable</b>					
<b>A-3. D001,D018</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		5.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 293</b>					
<b>B-4. <u>5.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Halogenated/Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 294</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Aerosols -</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		23.3	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 294</b>					
<b>B-4. <u>23.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 295			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Metal					
A-3. D005,D007			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 295</b>					
B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 296			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Spill Cleanup - Organic					
A-3. D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G39	
A-8. W301		A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		33.08	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 296</b>					
B-4. <u>33.08</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Spill Cleanup					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 297</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3. F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G16	
A-8. W309		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		1.9	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 297</b>					
B-4. <u>1.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 298			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Acid Solution or Solid -					
A-3.			A-4. WSC2 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		8	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 298</b>					
B-4. <u>8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout A-8. Non-Metal Salts					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 299</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Lab Waste - Acid -</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W105</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		89.9	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 299</b>					
<b>B-4. <u>89.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Lab Cleanout</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 300			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Organics					
A-3.			A-4. WP01 ,WT01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G06	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		83	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 300</b>					
B-4. <u>83</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 301</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Absorbed Aqueous Solutions -					
A-3. U210,F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W319	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H129		215.78	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 301</b>					
B-4. <u>215.78</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F039 A-7. Facility Cleanout A-8. Absorbed Inorganic Liquid B-3. Stabilization					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 302			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Organics					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		36.29	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 302</b>					
B-4. <u>36.29</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Washington State Toxic					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 303</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Ignitable</b>					
<b>A-3. U002,D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		60.76	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 303</b>					
<b>B-4. <u>60.76</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Ignitable</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 304</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>		<b>A-4. WSC2 ,WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W319</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H040		0.5	
WAD020257945		H132		20.57	
WAD020257945		H141		21.03	
<b>See GM Addendum B3 for Shipments Sent sequence number 304</b>					
<b>B-4. <u>42.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Inorganic/Organic Mixture</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 305			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products -					
A-3.		A-4. WT01			
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G19	
A-8. W319	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.75	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 305</b>					
B-4. <u>0.75</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Mixture of Chemical Products					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 306</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste - Acid -					
A-3. U210,D001,D002,D007,F001,F002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W105	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		75.93	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 306</b>					
B-4. <u>75.93</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-3. ADDTL CODES: F003, F004, F005, F039 A-7. Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 307</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WP01 ,WP02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		169.37	
WAD991281767		H110		80	
WAD991281767		H141		2	
<b>See GM Addendum B3 for Shipments Sent sequence number 307</b>					
B-4. <u>251.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-4. ADDTL CODES: WT01, WT02 A-7. Facility Cleanout A-8. Halogenated/Non-Halogenated Organics					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 308</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Paint Debris -</b>					
<b>A-3.</b>			<b>A-4. WP01 ,WT02</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G06</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		101	
WAD991281767		H141		41.14	
<b>See GM Addendum B3 for Shipments Sent sequence number 308</b>					
<b>B-4. <u>142.14</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Paint Contaminated Debris</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 309			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Filters - Organics					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G16	
A-8. W310		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		151.07	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 309</b>					
B-4. <u>151.07</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 310</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Chemical Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		2.6	
WAD020257945		H141		67.77	
<b>See GM Addendum B3 for Shipments Sent sequence number 310</b>					
<b>B-4. <u>70.37</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Non-Halogenated Organics</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 311			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Alkaline					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		408.01	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 311</b>					
B-4. <u>408.01</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 312</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Soil -</b>					
<b>A-3. F001,F002,F003,F004,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W301</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		181	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 312</b>					
<b>B-4. <u>181</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Burial Ground Excavation</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 313</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Filters - Metal, Organics					
A-3. D001,D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G16	
A-8. W219	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		162.24	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 313</b>					
B-4. <u>162.24</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 314			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G06	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		18.8	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 314</b>					
B-4. <u>18.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Paint Contaminated Debris					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 315			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Sludge -					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W319		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H110		2818.16	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 315</b>					
B-4. <u>2818.16</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Equipment Cleaning A-8. Solidified Sludge					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 316			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Lab Waste -					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W105		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		22.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 316</b>					
B-4. <u>22.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Analytical Analysis					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 317			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Debris - Alkalines					
A-3. D008,F001,F002,F003,F004,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H141		45.83	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 317</b>					
B-4. <u>45.83</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Lab Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 318</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products - Acid</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W119</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		8.77	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 318</b>					
<b>B-4. <u>8.77</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Discarded Commercial Product - Corrosive</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 319</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Metal					
A-3. D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.485	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 319</b>					
B-4. <u>1.485</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Maintenance & Upgrade of Equipment A-8. Ethylene or Propylene Glycol					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 320			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Chemical Products - Metal					
A-3. D009			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W409	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.7443	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 320</b>					
B-4. <u>0.7443</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Non-Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 321</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W409		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.86	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 321</b>					
B-4. <u>1.86</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Oxidizers					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 322</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Batteries - Alkaline</b>					
<b>A-3. D009</b>			<b>A-4. WSC2</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W309</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		0.28	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 322</b>					
<b>B-4. <u>0.28</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 323</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris - Acids, Metals</b>					
<b>A-3. D004,D008</b>			<b>A-4. WSC2</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G19</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		9.61	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 323</b>					
<b>B-4. <u>9.61</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. radioactive lead solids</b>					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 324</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products -					
A-3.			A-4. WP01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		2.1	
WAD991281767		H141		1.2	
Recycling Percent		0			
0		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 324</b>					
B-4. <u>3.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Halogenated Organics					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 325</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Spill Cleanup - Organic					
A-3. D018			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G32	
A-8. W301		A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		15.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 325</b>					
B-4. <u>15.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 326</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Debris -</b>					
<b>A-3.</b>			<b>A-4. WP01 ,WT02</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G06</b>	
<b>A-8. W409</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		145	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 326</b>					
<b>B-4. <u>145</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-8. Brushes, Rollers</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 327</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 0099318 (Optional)					
A-2. Other Organic Liquid					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
FLD980711071		H061		130	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 327</b>					
B-4. <u>130</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-8 Liquid scintillation waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 328</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21785 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D001,D003</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ILD098642424		H040		1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 328</b>					
<b>B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 329</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21786 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ILD098642424		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 329</b>					
B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 330			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21787 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ILD098642424		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 330</b>					
B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 331			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21788 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ILD098642424		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 331</b>					
B-4. <u>1</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 332</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21789 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D001,D003</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ILD098642424		H040		1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 332</b>					
<b>B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 333</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21790 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ILD098642424		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 333</b>					
B-4. <u>1</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 334			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21916 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D019			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.05	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 334</b>					
B-4. <u>0.05</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 335</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21919 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.09	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 335</b>					
<b>B-4. <u>0.09</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 336			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21920 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 336</b>					
B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: <b>337</b>			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21921 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,F003,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		2.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 337</b>					
B-4. <u>2.7</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 338			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21922 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 338</b>					
B-4. <u>0.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 339</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21925 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		21.3	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 339</b>					
B-4. <u>21.3</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 340</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. 21926 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		55.9	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 340</b>					
B-4. <u>55.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 341</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21927 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		31.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 341</b>					
B-4. <u>31.5</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 342			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21928 (Optional)					
A-2. Waste oil					
A-3. F002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W206		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		190	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 342</b>					
B-4. <u>190</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 343</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21929 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		4.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 343</b>					
B-4. <u>4.2</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 344</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21937 (Optional)</b>					
<b>A-2. Contaminated Debris</b>					
<b>A-3. D008</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
UTD981552177		H141		2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 344</b>					
<b>B-4. <u>2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 345			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21982 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		8.01	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 345</b>					
B-4. <u>8.01</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 346			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21983 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.19	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 346</b>					
B-4. <u>0.19</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 347			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21984 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D006			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.1	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 347</b>					
B-4. <u>0.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 348</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21985 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		9.4	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 348</b>					
<b>B-4. <u>9.4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 349</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21986 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.01	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 349</b>					
B-4. <u>0.01</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 350			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21987 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		2	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 350</b>					
B-4. <u>2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 351</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. 21988 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		1.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 351</b>					
B-4. <u>1.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 352			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21989 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D007			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		1.75	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 352</b>					
B-4. <u>1.75</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 353			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 21996 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 353</b>					
B-4. <u>0.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 354</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21997 (Optional)</b>					
<b>A-2. Con. Non-Halogenated solvent</b>					
<b>A-3. D001,F003</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W203</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		105	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 354</b>					
<b>B-4. <u>105</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 355</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21998 (Optional)</b>					
<b>A-2. Con. Non-Halogenated solvent</b>					
<b>A-3. D001,F003</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W203</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		110	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 355</b>					
<b>B-4. <u>110</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 356</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22056 (Optional)</b>					
<b>A-2. Other Aqueous Waste or Wastewaters</b>					
<b>A-3. D009</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W113</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H141		0.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 356</b>					
<b>B-4. <u>0.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 357</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22057 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,F003,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		64.01	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 357</b>					
B-4. <u>64.01</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 358</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22058 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002,D007,D010,D022			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		40.04	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 358</b>					
B-4. <u>40.04</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 359</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22059 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		54.75	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 359</b>					
B-4. <u>54.75</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 360			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22062 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		44.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 360</b>					
B-4. <u>44.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 361			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22074 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ILD098642424		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 361</b>					
B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

<b>Generation and Management Form</b>				<b>GM</b>	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 362</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22075 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D001,D003</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ILD098642424		H040		1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 362</b>					
<b>B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 363			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22117 (Optional)					
A-2. Compressed Gases					
A-3. D001,D035			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W801	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		18	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 363</b>					
B-4. <u>18</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 364</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22118 (Optional)					
A-2. Compressed Gases					
A-3. D001,D005,D006,D008,D018,D035			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W801	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		24	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 364</b>					
B-4. <u>24</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 365</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22119 (Optional)</b>					
<b>A-2. Compressed Gases</b>					
<b>A-3. D001,D005,D006,D008,D018,D035</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W801</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		30	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 365</b>					
<b>B-4. <u>30</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 366			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22120 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,F003,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		32.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 366</b>					
B-4. <u>32.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 367</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22121 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		27	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 367</b>					
B-4. <u>27</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 368			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22122 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		4	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 368</b>					
B-4. <u>4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 369			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22124 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 369</b>					
B-4. <u>3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 370</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22125 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		11.6	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 370</b>					
B-4. <u>11.6</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 371</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22135 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,F002,F003,F005			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		40	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 371</b>					
B-4. <u>40</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: <b>372</b>			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22136 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 372</b>					
B-4. <u>3</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 373</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22137 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 373</b>					
B-4. <u>20</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 374</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22138 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D011			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.9	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 374</b>					
B-4. <u>0.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 375</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22139 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		29.4	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 375</b>					
B-4. <u>29.4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 376</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22176 (Optional)</b>					
<b>A-2. Contaminated Debris</b>					
<b>A-3. D008,D011</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		4.4	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 376</b>					
<b>B-4. <u>4.4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 377</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22178 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 377</b>					
B-4. <u>0.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 378</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22179 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,U213			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G11	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20.3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 378</b>					
B-4. <u>20.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 379</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22180 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WSC2 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		22.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 379</b>					
B-4. <u>22.5</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 380			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22239 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 380</b>					
B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 381			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22240 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		23	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 381</b>					
B-4. <u>23</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 382</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22241 (Optional)					
A-2. Acidic Waste <5% Acid					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W105		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
UTD981552177		H040		208	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 382</b>					
B-4. <u>208</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 383</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. 22242 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 383</b>					
B-4. <u>20</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 384</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22244 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D002,D004,D006,D007,D008,D010</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		27.65	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 384</b>					
<b>B-4. <u>27.65</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: D011					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: <b>385</b>			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22245 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002,D007			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)	Management Code	Quantity	Recycling Percent		
ARD069748192	H040	60.9	0		
<b>See GM Addendum B3 for Shipments Sent sequence number 385</b>					
B-4. <u>60.9</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 386			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22246 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002,D007			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 386</b>					
B-4. <u>7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: <b>387</b>			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22247 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WP02 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		22.8	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 387</b>					
B-4. <u>22.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 388			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22250 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		3.4	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 388</b>					
B-4. <u>3.4</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 389</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22251 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 389</b>					
B-4. <u>0.5</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 390</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22306 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 390</b>					
B-4. <u>20</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 391			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22307 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 391</b>					
B-4. <u>20</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 392</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22308 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		3.8	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 392</b>					
B-4. <u>3.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 393</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22309 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.01	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 393</b>					
B-4. <u>0.01</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 394</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22310 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W001</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 394</b>					
<b>B-4. <u>5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 395</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22312 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		40	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 395</b>					
B-4. <u>40</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 396			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22313 (Optional)					
A-2. Dilute Aqueous >99% Water					
A-3. D009,D011			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W101	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 396</b>					
B-4. <u>20</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 397			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22315 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 397</b>					
B-4. <u>20</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 398			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22316 (Optional)					
A-2. Other Aqueous Waste or Wastewaters					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W113	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
B. Waste Management Activities					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		208	
				Recycling Percent	
				0	
See GM Addendum B3 for Shipments Sent sequence number 398					
B-4. <u>208</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
C. Comments					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 399			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22320 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 399</b>					
B-4. <u>3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 400</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22352 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 400</b>					
B-4. <u>0.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 401</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22353 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D007			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		32	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 401</b>					
B-4. <u>32</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 402</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22354 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 402</b>					
B-4. <u>0.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 403</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22355 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,F003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 403</b>					
B-4. <u>20</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 404</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22356 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D004			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		64.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 404</b>					
B-4. <u>64.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 405</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22357 (Optional)</b>					
<b>A-2. Other Aqueous Waste or Wastewaters</b>					
<b>A-3.</b>			<b>A-4. WT02</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W113</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		208	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 405</b>					
<b>B-4. <u>208</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 406</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22364 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		4	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 406</b>					
B-4. <u>4</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 407</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22365 (Optional)</b>					
<b>A-2. Contaminated Debris</b>					
<b>A-3. D006</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
UTD991301748		H132		21	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 407</b>					
<b>B-4. <u>21</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 408			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22366 (Optional)					
A-2. Other Aqueous Waste or Wastewaters					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		46	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 408</b>					
B-4. <u>46</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 409</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. 22368 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002,D011			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.2	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 409</b>					
B-4. <u>0.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 410			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22438 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		8.9	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 410</b>					
B-4. <u>8.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 411			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22439 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 411</b>					
B-4. <u>20</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 412</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22440 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		40	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 412</b>					
B-4. <u>40</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 413</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22441 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D007			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W119		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		30	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 413</b>					
B-4. <u>30</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8 Glycolic acid solution					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 414</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22442 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,F003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 414</b>					
B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 415</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22443 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WSC2 ,WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		2	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 415</b>					
B-4. <u>2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 416</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22444 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		57	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 416</b>					
B-4. <u>57</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 417</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22445 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 417</b>					
B-4. <u>2</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 418</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22446 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 418</b>					
B-4. <u>20.5</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 419			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22448 (Optional)					
A-2. Other Aqueous Waste or Wastewaters					
A-3.		A-4. WT02			
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W113	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-12. Washington State Banned Material			
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		208	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 419</b>					
B-4. <u>208</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 420</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22449 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 420</b>					
B-4. <u>5</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 421</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22516 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D001,D022,F002,F003,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.5	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 421</b>					
<b>B-4. <u>0.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 422</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22517 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		40	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 422</b>					
B-4. <u>40</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 423</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22518 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002,D004,D005,D006,D007,D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		35	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 423</b>					
B-4. <u>35</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: D010 D011					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 424</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22519 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 424</b>					
B-4. <u>1</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 425</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22526 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WSC2		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 425</b>					
B-4. <u>0.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 426			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22527 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		18.2	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 426</b>					
B-4. <u>18.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 427</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22528 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 427</b>					
B-4. <u>20</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 428</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22529 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D018,D022,F003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		31.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 428</b>					
B-4. <u>31.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 429</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22530 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D022			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		10	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 429</b>					
B-4. <u>10</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 430</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22600 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 430</b>					
B-4. <u>0.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 431</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22601 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		40	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 431</b>					
B-4. <u>40</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 432</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22603 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		1.4	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 432</b>					
B-4. <u>1.4</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>			<p><b>Please Enter:</b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>		
<p><b>Sequence: 433</b></p>			<p><b>For Ecology Use Only:</b> _____</p>		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22604 (Optional)					
A-2. Contaminated Debris					
A-3. D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W002		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
UTD991301748		H132		40	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 433</b>					
B-4. <u>40</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 434</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22605 (Optional)					
A-2. Other Aqueous Waste or Wastewaters					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W113		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		208	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 434</b>					
B-4. <u>208</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 435</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22606 (Optional)</b>					
<b>A-2. Other inorganic solids</b>					
<b>A-3.</b>			<b>A-4. WSC2</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W319</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
UTD991301748		H132		27	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 435</b>					
<b>B-4. <u>27</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-8 Silica cement mixture					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 436</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22607 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		2.26	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 436</b>					
B-4. <u>2.26</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 437</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22647 (Optional)					
A-2. Con. Non-Halogenated solvent					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W203		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		110	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 437</b>					
B-4. <u>110</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 438</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22650 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		9.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 438</b>					
B-4. <u>9.1</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 439</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22651 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		5.7	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 439</b>					
B-4. <u>5.7</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 440</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22652 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		9.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 440</b>					
B-4. <u>9.1</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 441</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22653 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		4.6	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 441</b>					
B-4. <u>4.6</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 442</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22654 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 442</b>					
B-4. <u>3</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 443			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22655 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		41.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 443</b>					
B-4. <u>41.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 444</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22656 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,F003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 444</b>					
B-4. <u>20</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 445</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22662 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 445</b>					
B-4. <u>20</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 446</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22663 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		13.25	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 446</b>					
B-4. <u>13.25</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 447</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22664 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		26.4	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 447</b>					
B-4. <u>26.4</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 448</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2377 (Optional)</b>					
<b>A-2. Other Organic Liquid</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
FLD980711071		H061		144	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 448</b>					
<b>B-4. <u>144</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-8 Liquid scintillation waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 449</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2412 (Optional)</b>					
<b>A-2. Other Organic Liquid</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
FLD980711071		H061		144	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 449</b>					
<b>B-4. <u>144</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-8 Liquid scintillation waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 450</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2460 (Optional)</b>					
<b>A-2. Other Organic Liquid</b>					
<b>A-3.</b>			<b>A-4. WT02</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W219</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
FLD980711071		H061		143	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 450</b>					
<b>B-4. <u>143</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-8 Liquid scintillation waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 451			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2476 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		34.72	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 451</b>					
B-4. <u>34.72</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 452</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2480 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D002,D007,D008,D030,F001,F002</b>			<b>A-4. WT02</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H129		27.31	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 452</b>					
<b>B-4. <u>27.31</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: F002 F003 F004 F005 F005					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 453</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2505 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002,D003,D004,D005,D006,D007			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		60.28	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 453</b>					
B-4. <u>60.28</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: D008 D009 D010 D011 D018 D030 D033 D038 D043 F001 F002 F003 F004 F005					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 454</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2506 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002,D004,D005,D006,D007,D008			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		18.48	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 454</b>					
B-4. <u>18.48</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: D009 D010 D011 D018 D019 D028 D029 D030 D033 D034 D036 D038 D039 D040 D043 F001 F002 F004 F005					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 455</b>			<b>For Ecology Use Only:</b> _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2514 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		14.02	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 455</b>					
B-4. <u>14.02</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 456</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2554 (Optional)</b>					
<b>A-2. Other Organic Liquid</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
FLD980711071		H061		137	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 456</b>					
<b>B-4. <u>137</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-8 Liquid scintillation waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 457</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2557 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D006,D007,D008,D009,D010,D030</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		0.14	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 457</b>					
<b>B-4. <u>0.14</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: F001 F002 F004 F005					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 458</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2558 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H050		2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 458</b>					
<b>B-4. <u>2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 459</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2566 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D009			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W117		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H110		0.15	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 459</b>					
B-4. <u>0.15</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8. Mercury thermometer (radioactively contaminated)					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
Sequence: 460			For Ecology Use Only: _____		
A. Description of Dangerous Waste Stream					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2567 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W309		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H129		0.74	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 460</b>					
B-4. <u>0.74</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-8 Lithium battery (radioactively contaminated)					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 461</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. PNL-18-2568 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D002,F001,F002,F004,F005			A-4. WT02		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		22.38	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 461</b>					
B-4. <u>22.38</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 462</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2569 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D002,D006,D007,D008,D009,D010			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		28.29	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 462</b>					
B-4. <u>28.29</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste A-3 Additional: D030 F001 F002 F003 F004 F005					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 463</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2570 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. F001,F002,F004,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>			<b>A-7. G09</b>	
<b>A-8. W001</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		63.73	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 463</b>					
<b>B-4. <u>63.73</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 464</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2584 (Optional)</b>					
<b>A-2. Contaminated Debris</b>					
<b>A-3. D007,F001,F002,F003,F004,F005</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		88.47	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 464</b>					
<b>B-4. <u>88.47</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 465</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2585 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		182.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 465</b>					
B-4. <u>182.7</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 466</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2586 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		130.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 466</b>					
<b>B-4. <u>130.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 467</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. PNL-18-2587 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		174.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 467</b>					
B-4. <u>174.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 468</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2588 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		134.1	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 468</b>					
<b>B-4. <u>134.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 469</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2589 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b> <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		176.8	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 469</b>					
<b>B-4. <u>176.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 470</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2590 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____ _____				<input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		129.3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 470</b>					
B-4. <u>129.3</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 471</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. PNL-18-2591 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		174.3	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 471</b>					
B-4. <u>174.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 472</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2592 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		131.5	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 472</b>					
B-4. <u>131.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 473</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2593 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		140.7	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 473</b>					
<b>B-4. <u>140.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 474</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2610 (Optional)					
A-2. Acidic Waste <5% Acid					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W105		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		157	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 474</b>					
B-4. <u>157</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 475</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-19-2614 (Optional)</b>					
<b>A-2. Contaminated Debris</b>					
<b>A-3. D005,D006,D007,D008,D009,D010</b>			<b>A-4. WT02</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W002</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		110.9	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 475</b>					
<b>B-4. <u>110.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: D030 F001 F002 F002 F003 F004 F004 F005					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 476</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-19-2623 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		136.8	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 476</b>					
<b>B-4. <u>136.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 477</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-19-2624 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		192.9	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 477</b>					
<b>B-4. <u>192.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 478</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-19-2625 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		126.8	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 478</b>					
B-4. <u>126.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 479</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> On-Site					
A-1. PNL-19-2626 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		173.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 479</b>					
B-4. <u>173.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 480</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-19-2627 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		124	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 480</b>					
<b>B-4. <u>124</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 481</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-19-2628 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		111.7	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 481</b>					
<b>B-4. <u>111.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 482</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-19-2629 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		124.2	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 482</b>					
<b>B-4. <u>124.2</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 483</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-19-2630 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		186.7	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 483</b>					
B-4. <u>186.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 484</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-19-2631 (Optional)					
A-2. Caustic Aqueous Waste w/o Cyanides					
A-3. D002			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		A-7. G09	
A-8. W110		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		141.1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 484</b>					
B-4. <u>141.1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 485</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-19-2632 (Optional)</b>					
<b>A-2. Caustic Aqueous Waste w/o Cyanides</b>					
<b>A-3. D002</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W110</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		181.7	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 485</b>					
<b>B-4. <u>181.7</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 486</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21917 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3.</b>			<b>A-4. WSC2 ,WT01</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.05	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 486</b>					
<b>B-4. <u>0.05</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 487</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21918 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D005</b>			<b>A-4. WT01</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		0.04	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 487</b>					
<b>B-4. <u>0.04</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 488</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21923 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D007,D008</b>			<b>A-4. WT01 ,WT02</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		1.04	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 488</b>					
<b>B-4. <u>1.04</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 489</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 21924 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D010</b>			<b>A-4. WP01 ,WT01</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		2.61	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 489</b>					
<b>B-4. <u>2.61</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical WasteA-4 Additional: WT02					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 490</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22063 (Optional)					
A-2. Oil/water emulsion or mixture					
A-3.		A-4. WP01			
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W205	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		200	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 490</b>					
B-4. <u>200</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 491</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22064 (Optional)					
A-2. Oil/water emulsion or mixture					
A-3.		A-4. WP01			
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W205	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		200	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 491</b>					
B-4. <u>200</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span>					
B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span>					
<b>C. Comments</b>					
Laboratory Analytical Waste					



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 492</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22065 (Optional)					
A-2. Oil/water emulsion or mixture					
A-3.			A-4. WP01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W205		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		200	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 492</b>					
B-4. <u>200</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 493</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. 22066 (Optional)</b>					
<b>A-2. Oil/water emulsion or mixture</b>					
<b>A-3.</b>			<b>A-4. WP01</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W205</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		200	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 493</b>					
<b>B-4. <u>200</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 494</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22252 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3.			A-4. WP01 ,WT01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W001		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi  A-9.a.		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site  _____ _____				B-2.a. Was waste managed according to the treatment-by-generator guidance?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		20.18	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 494</b>					
B-4. <u>20.18</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical WasteA-4 Additional: WT02					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 495</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. 22520 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D007			A-4. WP01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
ARD069748192		H040		23.65	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 495</b>					
B-4. <u>23.65</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 496</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2477 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3. D001,F002</b>			<b>A-4. WT01 ,WT02</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		62.48	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 496</b>					
<b>B-4. <u>62.48</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 497</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. PNL-18-2513 (Optional)</b>					
<b>A-2. Labpack of Laboratory Chemicals</b>					
<b>A-3.</b>			<b>A-4. WT01</b>		
<b>A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW</b>		<b>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</b>		<b>A-7. G09</b>	
<b>A-8. W001</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		0.05	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 497</b>					
<b>B-4. <u>0.05</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
Laboratory Analytical Waste					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 498</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2556 (Optional)					
A-2. Labpack of Laboratory Chemicals					
A-3. D001,D002,F001,F002,F003,F004			A-4. WT01 ,WT02		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W001	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
TND982109142		H040		27.67	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 498</b>					
B-4. <u>27.67</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: F005					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WA7890008967</u>  Site Name: <u>US Dept of Energy Hanford Facility</u>		
<b>Sequence: 499</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. PNL-18-2605 (Optional)					
A-2. Contaminated Debris					
A-3. D005,D008,F001,F002,F003,F004			A-4. WSC2 ,WT01		
A-5. <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			A-7. G09	
A-8. W002	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi			A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAR000010355		H110		119.03	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 499</b>					
B-4. <u>119.03</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
Laboratory Analytical WasteA-3 Additional: F005 A-4 Additional: WT02					



<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 500</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. PNNL-Pb-ERDF (Optional)</p>		
<p>A-2. Radioactive contaminated lead</p>		
A-3. D008	A-4.	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	A-7. G09
A-8. W319	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-12. Washington State Banned Material
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
B-2. Enter waste managed On-Site		B-2.a. Was waste managed according to the treatment-by-generator guidance?
<p><u>1700</u></p> <p><u>H132</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
B-3. Enter Off-site summary		
<p>B-4. <u>1700</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p> <p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-8. Lead glass and radioactive lead solids B-2. Waste was treated onsite prior to disposal (H129 - Macroencapsulation)</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 501</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed?                      <input type="checkbox"/> Off-Site                      <input checked="" type="checkbox"/> On-Site</p>		
<p>A-1. HWTU-TREAT-01 (Optional)</p>		
<p>A-2. TRU nitric acid mixture</p>		
<p>A-3. D002</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W103</p>	<p>A-9. <input checked="" type="checkbox"/> i   <input type="checkbox"/> ii   <input type="checkbox"/> iii   <input type="checkbox"/> iv   <input type="checkbox"/> v   <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No   <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No   <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>168</u></p> <p><u>H120</u></p>		<p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>168</u>                      <input type="checkbox"/> Tons      <input type="checkbox"/> Pounds      <input checked="" type="checkbox"/> Kilograms      <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u>                      <input type="checkbox"/> Lbs/gal                      <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>B-2. Permitted treatment by neutralization followed by solidification.</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 502</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. HWTU-TREAT-02 (Optional)</p>		
<p>A-2. TRU dilute acid mixture</p>		
<p>A-3. D002</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W105</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>20.9</u></p> <p><u>H120</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>20.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>B-2. Permitted treatment by neutralization followed by solidification.</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 503</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. HWTU-TREAT-03 (Optional)</p>		
<p>A-2. TRU tributylphosphate/dodecane mixture</p>		
<p>A-3.</p>	<p>A-4. WT02</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W219</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>25.8</u></p> <p><u>H100</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>25.8</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-8. Tributyl phosphate/dodecane mixture.B-2. Solidification.</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 504</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. PBR-093-144 (Optional)</p>		
<p>A-2. Dilute acidic waste</p>		
<p>A-3. D002</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W105</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>83</u></p> <p><u>H121</u></p>		<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>83</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>This waste stream treated by elementary neutralization under Permit-by-Rule.</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 505</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. TBG-036 (Optional)</p>		
<p>A-2. ICP waste (not F-listed)</p>		
<p>A-3. D002,D004,D005,D006,D007,D008</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W105</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>290</u></p> <p><u>H120</u></p>		<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>290</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. Additional waste codes D010, D011B-2. Neutralization followed by evaporation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 506</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. TBG-082 (Optional)</p>		
<p>A-2. ICP waste (F-listed)</p>		
<p>A-3. D002,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W105</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>240</u></p> <p><u>H120</u></p>		<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>240</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. Additional waste codes: D004, D005, D0006, D007, D008, D010, D011B-2. TBG by neutralization followed by evaporation</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 507</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. TBG-084 (Optional)</p>		
<p>A-2. IC effluent (F-listed)</p>		
<p>A-3. D004,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W101</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>225</u></p> <p><u>H122</u></p>		<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>225</u> <span style="margin-left: 20px;"><input type="checkbox"/> Tons</span> <span style="margin-left: 20px;"><input type="checkbox"/> Pounds</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Kilograms</span> <span style="margin-left: 20px;"><input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</span></p> <p>B-4.a. <u>0</u> <span style="margin-left: 20px;"><input type="checkbox"/> Lbs/gal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Specific Gravity</span></p>		
<p><b>C. Comments</b></p>		
<p>A-3. Additional waste codes: D005, D006, D007, D008, D010, D011</p>		



<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 508</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. TBG-131 (Optional)</p>		
<p>A-2. IC effluent (not F-listed)</p>		
<p>A-3. D004,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W101</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>95</u></p> <p><u>H122</u></p>		<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>95</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. Additional waste codes: D005, D006, D007, D008, D010, D011</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 509</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. TBG-162 (Optional)</p>		
<p>A-2. AP-105 Cs eluent</p>		
<p>A-3. D002,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W105</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>A-12. Washington State Banned Material</p>		
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>1.9</u></p> <p><u>H121</u></p>		<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>1.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. Additional waste codes: D006, D007, D008, D009, D010, D030</p>		

<b>Generation and Management Form</b>		<b>GM</b>
<p>Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>	<p><b><i>Please Enter:</i></b></p> <p>Your US EPA/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>	
<p><b>Sequence: 510</b></p>	<p><b>For Ecology Use Only:</b> _____</p>	
<p><b>A. Description of Dangerous Waste Stream</b></p>		
<p>Where was this waste stream managed? <span style="margin-left: 100px;"><input type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> On-Site</span></p>		
<p>A-1. TBG-163 (Optional)</p>		
<p>A-2. AP-105 and AP-107 Cs depleted waste</p>		
<p>A-3. D002,F001,F002,F003,F004,F005</p>	<p>A-4.</p>	
<p>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</p>	<p>A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>A-7. G09</p>
<p>A-8. W110</p>	<p>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</p> <p>A-9.a.</p>	<p>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>A-12. Washington State Banned Material</p>
<p><b>B. Waste Management Activities</b></p>		
<p>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</p>		
<p>B-2. Enter waste managed On-Site</p>		<p>B-2.a. Was waste managed according to the treatment-by-generator guidance?</p>
<p><u>6.3</u></p> <p><u>H121</u></p>		<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>B-3. Enter Off-site summary</p>		
<p>B-4. <u>6.3</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</p>		
<p>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</p>		
<p><b>C. Comments</b></p>		
<p>A-3. Additional waste codes: D004, D005, D006, D007, D008, D009, D010, D011, D018, D019, D028, D029, D030, D033, D034, D036, D039, D040, D043</p>		

Waste Received From Off Site		WR
<p>Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.</p> <p>Reference the instructions on pages 39 through 42 as you complete this form.</p> <p>Please type or print legibly in blue or black ink.</p>		<p><b>Please Enter:</b></p> <p>Your US Epa/State Id: <u>WA7890008967</u></p> <p>Site Name: <u>US Dept of Energy Hanford Facility</u></p>
Seq: 1		For Ecology Use Only: _____
<b>A. Description of Dangerous Waste Stream</b>		
A-1. (Optional)		
A-2. Debris - TRU		
A-3. D005,D006,D007,D008,D009,F001		A-4.
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	A-7. W002
<b>B. Waste Management Activities</b>		
B-1.	See WR Addendum B1-a for Shipments Received sequence number 1	
B-2. 480.23 Kilograms		
B-2.a. 0		
<b>C. Comments</b>		
A-3. ADDTL CODES: F002, F003, F005		

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 2**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Soil -

A-3. F001,F002,F003,F004,F005

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W301

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 2**

B-2. 531.01 Kilograms

B-2.a. 0

**C. Comments**

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 3****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Debris - Metal, Organics, Solvents

A-3. D004,D005,D006,D007,D008,D009

A-4. WSC2

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W002

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 3**

B-2. 15123.3345 Kilograms

B-2.a. 0

**C. Comments**

A-3. ADDTL CODES: D010, D011, D022, D027, D028, D029, D030, D034, D035, D037, D043, F001, F002, F003, F004, F005

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 4****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Lab Waste - Organics

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W409

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 4**

B-2. 61.22 Kilograms

B-2.a. 0

**C. Comments**

A-7. Grouted Organic Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 5****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Macroencapsulated Debris from Hanford Waste -

A-3. U210,D004,D005,D006,D007,D008

A-4. WSC2 ,WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W002

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 5**

B-2. 23254.1491 Kilograms

B-2.a. 0

**C. Comments**

A-3. ADDTL CODES: D009, D010, D011, D030, F001, F002, F003, F004, F005, F039



**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 6****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Powder Waste -

A-3. U210,F001,F002,F003,F004,F005

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W319

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 6**

B-2. 2834.21 Kilograms

B-2.a. 0

**C. Comments**

A-3. ADDTL CODES: F039 A-7. Inorganic/Organic Mixture

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 7****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Thermal Treatment Residue

A-3. F001,F002,F003,F004,F005

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W301

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 7**

B-2. 2485.26 Kilograms

B-2.a. 0

**C. Comments**

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 8****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Absorbed Aqueous Solutions -

A-3.

A-4. WP02 ,WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W319

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 8**

B-2. 72.5558 Kilograms

B-2.a. 0

**C. Comments**

A-7. Absorbed Inorganic Liquid

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 9****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Debris - TRU

A-3. D008

A-4. WSC2

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W002

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 9**

B-2. 965.9877 Kilograms

B-2.a. 0

**C. Comments**

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 10****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. TRU Project - Absorbed Organics

A-3. D004,D005,D006,D007,D008,D009

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W409

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 10**

B-2. 136.7071 Kilograms

B-2.a. 0

**C. Comments**

A-3. ADDTL CODES: D010, D011, D022, D030, F001, F002, F003, F005 A-7. Absorbed Oils

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 11**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Macroencapsulated Debris from Hanford Waste -

A-3.

A-4. WP02

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W319

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 11**

B-2. 815.35 Kilograms

B-2.a. 0

**C. Comments**

A-7. Fire Extinguisher Media

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 12****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 21944 (Optional)

A-2. Con. Non-Halogenated solvent

A-3. D001,F003

A-4.

A-5. ☐ EHW ☒ DWA-6. ☒ No ☐ Yes

A-7. W203

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 12**

B-2. 110 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 13**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. 21995 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 13**

B-2. 0.1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste



**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 14**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. 22278 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001,D003

A-4.

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 14**

B-2. 1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 15****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 22279 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001,D003

A-4.

A-5. ☐ EHW ☒ DWA-6. ☒ No ☐ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 15**

B-2. 1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 16****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 22469 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001,D003

A-4.

A-5. ☐ EHW ☒ DWA-6. ☒ No ☐ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 16**

B-2. 1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 17****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 22470 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001,D003

A-4.

A-5. ☐ EHW ☒ DWA-6. ☒ No ☐ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 17**

B-2. 1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 18****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 22471 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001,D003

A-4.

A-5. ☐ EHW ☒ DWA-6. ☒ No ☐ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 18**

B-2. 1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 19****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-18-2471 (Optional)

A-2. Acidic Waste &lt;5% Acid

A-3. D002

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W105

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 19**

B-2. 181 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 20****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-18-2472 (Optional)

A-2. Caustic Aqueous Waste w/o Cyanides

A-3. D002

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W110

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 20**

B-2. 181 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 21****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2617 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 21**

B-2. 4.12 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste



**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 22**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. TRU Project Debris - Solvents, Organics, Metals

A-3. D004,D005,D006,D007,D008,D009

A-4.

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W002

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 22**

B-2. 51213.4662 Kilograms

B-2.a. 0

**C. Comments**

A-3. ADDTL CODES: D010, D011, D022, D027, D028, D029, D030, D034, D037, D043, F001, F002, F003, F004, F005

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 23****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 196269 (Optional)

A-2. Con. Non-Halogenated solvent

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W203

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 23**

B-2. 130 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 24**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2618 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002,D003

A-4.

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 24**

B-2. 26.904 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 25****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2642 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 25**

B-2. 0.81 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 26****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2643 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002,D006

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 26**

B-2. 13.309 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 27**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2644 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D011

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 27**

B-2. 6.392 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 28****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2645 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 28**

B-2. 3.38 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 29****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2653 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002,D007

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 29**

B-2. 23.349 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste



**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 30**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2667 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 30**

B-2. 1.01 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 31****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2669 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 31**

B-2. 1.643 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 32****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2670 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002,D006,D007,D008

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 32**

B-2. 21.206 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 33****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. TRU Project Debris - organic, metals

A-3. D006,D007,D008,D011,D035

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W002

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 33**

B-2. 961.62 Kilograms

B-2.a. 0

**C. Comments**

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 34****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2694 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 34**

B-2. 25.251 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 35****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 197079 (Optional)

A-2. Solid resins, plastics, polymerized organics

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W403

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 35**

B-2. 0.86 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 36****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2704 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D006,D007

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 36**

B-2. 1.07 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 37****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2707 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001,D002

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 37**

B-2. 0.676 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste



**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 38****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2708 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002

A-4. WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 38**

B-2. 26.69 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 39****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2721 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002,D005,D007,D019,D039,D040

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 39**

B-2. 32.014 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical WasteA-3 Additional: D041

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 40****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2722 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 40**

B-2. 14 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 41****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2723 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D011

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 41**

B-2. 0.19 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 42**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2736 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 42**

B-2. 13.391 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 43****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2737 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D011

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 43**

B-2. 13.292 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 44**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Oil, Absorbed -

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W219

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 44**

B-2. 283.8745 Kilograms

B-2.a. 0

**C. Comments**

A-7. Washington State Toxic

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 45****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2749 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002,D006,D007,D010

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 45**

B-2. 32.4 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste



**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 46**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2750 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 46**

B-2. 7 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 47****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 197243 (Optional)

A-2. Con. Non-Halogenated solvent

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W203

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 47**

B-2. 141 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 48**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2751 (Optional)

A-2. Contaminated Debris

A-3. D008

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W002

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 48**

B-2. 4.2 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 49****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2770 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002,D006

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 49**

B-2. 12.838 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 50**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2772 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002

A-4.

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 50**

B-2. 0.001 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 51****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2652 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3.

A-4. WT01

A-5. ☒ EHW ☐ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 51**

B-2. 2 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste. A-4: Some of the waste inside the labpack had a WT02 designation.

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 52**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2683 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D002,D006,D010

A-4. WP01

A-5. ☒ EHW ☐ DW

A-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 52**

B-2. 15.212 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 53**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2693 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3.

A-4. WP01

A-5. ☒ EHW ☐ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 53**

B-2. 1.45 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste. A-4: Some of the waste inside the labpack had a WT02 designation.



**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 54****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. PNL-19-2771 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3.

A-4. WT01

A-5. ☒ EHW ☐ DWA-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 54**

B-2. 0.02 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 55**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Oil, Absorbed - Organics

A-3. D018,D019,D022,D028,D029,D030

A-4.

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W002

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 55**

B-2. 343 Kilograms

B-2.a. 0

**C. Comments**

A-3. ADDTL CODES: D032, D033, D034, D036, D039, D040, D042, D043, F001, F002, F003, F005

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 56**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. PNL19-2668 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D005,D009,D011

A-4. WT01

A-5. ☒ EHW ☐ DW

A-6. ☐ No ☒ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 56**

B-2. 2.946 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste. A-4: Some of the waste inside the labpack had a WT02 designation.

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 57****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 198248 (Optional)

A-2. Con. Non-Halogenated solvent

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W203

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 57**

B-2. 143 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 58**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. 199209 (Optional)

A-2. Metal scale, filings, scrap (incl. Drums)

A-3. D001

A-4.

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W307

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 58**

B-2. 0.1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 59**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. 199391 (Optional)

A-2. Con. Non-Halogenated solvent

A-3.

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☐ No ☒ Yes

A-7. W203

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 59**

B-2. 143 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 60**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. 21856 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001,D003

A-4.

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. W001

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 60**

B-2. 1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 61****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. 21857 (Optional)

A-2. Labpack of Laboratory Chemicals

A-3. D001,D003

A-4.

A-5. ☐ EHW ☒ DWA-6. ☒ No ☐ Yes

A-7. W001

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 61**

B-2. 1 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste



**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***

Your US Epa/State Id: WA7890008967

Site Name: US Dept of Energy Hanford Facility

**Seq: 62**

For Ecology Use Only: \_\_\_\_\_

**A. Description of Dangerous Waste Stream**

A-1. 21943 (Optional)

A-2. Con. Non-Halogenated solvent

A-3. D001,F003

A-4.

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. W203

**B. Waste Management Activities**

B-1. **See WR Addendum B1-a for Shipments Received sequence number 62**

B-2. 105 Kilograms

B-2.a. 0

**C. Comments**

Laboratory Analytical Waste

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 63****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Soil - Organics, Solvents

A-3. F001,F002,F003,F004,F005

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W301

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 63**

B-2. 1520.5 Kilograms

B-2.a. 0

**C. Comments**

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 64****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Naval Reactor Compartments -

A-3. D008

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W319

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 64**

B-2. 1531000 Kilograms

B-2.a. 0

**C. Comments**

A-7. Decommissioned, Defueled, Naval Reactor Compartments

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 65****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Powder Waste -

A-3. U210,F001,F002,F003,F004,F005

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes

A-7. W409

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 65**

B-2. 4411.84 Kilograms

B-2.a. 0

**C. Comments**

A-3. ADDTL CODES: F039 A-7. Organic/Inorganic Leachate

**Waste Received From Off Site****WR**

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Reference the instructions on pages 39 through 42 as you complete this form.

Please type or print legibly in blue or black ink.

***Please Enter:***Your US Epa/State Id: WA7890008967Site Name: US Dept of Energy Hanford Facility**Seq: 66****For Ecology Use Only:** \_\_\_\_\_**A. Description of Dangerous Waste Stream**

A-1. (Optional)

A-2. Debris - Organics, Solvents

A-3. F001,F002,F003,F004,F005

A-4.

A-5. ☐ EHW ☒ DWA-6. ☐ No ☒ Yes


A-7. W002

**B. Waste Management Activities**B-1. **See WR Addendum B1-a for Shipments Received sequence number 66**

B-2. 3519.4 Kilograms

B-2.a. 0

**C. Comments**

Dangerous Waste Report - Annual Report - 2019		Site ID													
	<b>Washington State Department of Ecology</b> Hazardous Waste Information P.O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022  Web site: <a href="http://www.ecology.wa.gov/DWReport">www.ecology.wa.gov/DWReport</a>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">For Ecology Use Only</th> <th colspan="2" style="text-align: left;">Date Received:</th> </tr> <tr> <td style="width: 25%;">Form</td> <td style="width: 25%;">Reviewed</td> <td style="width: 25%;">Entered</td> <td style="width: 25%;">Verified</td> </tr> <tr> <td>Site ID</td> <td></td> <td></td> <td></td> </tr> </table>		For Ecology Use Only		Date Received:		Form	Reviewed	Entered	Verified	Site ID			
For Ecology Use Only		Date Received:													
Form	Reviewed	Entered	Verified												
Site ID															
1. Reason for Submittal <input type="checkbox"/> To provide <b>New</b> Notification of Regulated Waste Activity (complete entire form) <input checked="" type="checkbox"/> To provide Revised Site Identification information (complete entire form) <input type="checkbox"/> Reactivation Site Identification Number (complete entire form) <div style="text-align: right;">Received Date: 02/05/2020</div> <input type="checkbox"/> Withdraw <div style="text-align: right;">Effective Date: 12/31/2019</div>															
2. EPA/State Id Number: WAH000009159															
<b>3. Site Name</b> Richland Industrial Center															
<b>4. Site Location</b> Street 1: 2355 STEVENS DR City: RICHLAND State: WA Zip: 99352 Country: US County: BENTON District: CRO															
<b>5. Site Mailing Address</b> Street 1: PO Box 550 Street 2: MSIN H5-30 City/State/Zip: RICHLAND, WA 99352 Country: US															
<b>6. Site Land Type</b> Land Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other															
<b>7. North American Industry Classification System (NAICS)</b> NAICS: 493110															
<b>8. Site Contact Person</b> Name: Anthony C McKarns Title: Street Address: PO BOX 550 MSIN H5-30 City/State/Zip: RICHLAND, WA 99352 Email: tony.mckarns@rl.doe.gov Phone/Ext: (509)376-8981															
<i>To ask about available formats for the visually impaired call 360-407-6700. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.</i>															

Dangerous Waste Site Identification Form (continued)					Site ID
<b>9a. Legal Owner</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US Department of Energy				
Street 1:	PO Box 550				
Street 2:	MSIN H5-20				
City/State/Zip:	RICHLAND, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Owner Since:	04/12/1999				
<b>9b. Land Owner</b>					
Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	Port of Benton				
Street 1:	3250 Port of Benton Blvd				
Street 2:					
City/State/Zip:	RICHLAND, WA 99352				
Country:	US				
Email:		Phone:	(509)375-3060	Ext:	
Owner Since:	12/31/2017				
<b>9c. Site Operator</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	Richland Industrial Center				
Street 1:	2355 Stevens Drive				
Street 2:					
City/State/Zip:	RICHLAND, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Operator Since:	04/12/1999				

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10a. Hazardous Waste Activities</b>		
<b>1. Federal Generator of Hazardous Waste (Choose one)</b> <input type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input type="checkbox"/> b. SQG: Small Quantity Generator (Between 220 – 2,200 lbs/mo) <input type="checkbox"/> c. VSQG: Very Small Quantity Generator (Less than 220 lbs/mo) <input checked="" type="checkbox"/> d. NQG: No Regulated Waste Generated	<input type="checkbox"/> <b>7. Designated Facility of Hazardous Waste (TSD)</b> (Requires an Ecology Part A or Part B permit for dangerous waste management. See WAC 173-303).  <b>8. Recycler of Hazardous Waste Received from Off-Site</b> <input type="checkbox"/> a. Stores prior to recycling <input type="checkbox"/> a. Does not store prior to recycling	
<b>2. State Generator of Hazardous Waste (Choose one)</b> <input type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input type="checkbox"/> b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) <input checked="" type="checkbox"/> c. SQG: Small Quantity Generator (Less than 220 lbs/mo) <input type="checkbox"/> d. XQG: No Regulated Waste Generated	<b>9. Exempt Boiler and/or Industrial Furnace</b> <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption  <input type="checkbox"/> <b>10. Underground Injection Control</b> (Requires a registered underground injection well. See WAC 173-218) <input type="checkbox"/> <b>11. Receives Hazardous Waste from Off-site</b>	
<b>3. Short Term Generator</b> (This question is automatically reported as no to the U.S. Environmental Protection Agency)	<b>12. Recognized Trader</b> <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter	
<input type="checkbox"/> <b>4. U.S. Importer of Hazardous Waste</b>	<b>13. Importer/Exporter of Spent Lead Acid Batteries (SLABs)</b> <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter	
<input type="checkbox"/> <b>5. Mixed Waste Generator (Hazardous and Radioactive)</b>		
<b>6. Transporter of Hazardous Waste (HW)</b> <input type="checkbox"/> a. HW Transporter <input type="checkbox"/> b. HW Transfer Facility		



Dangerous Waste Site Identification Form (continued)		Site ID
<b>10b. Universal Waste Activities</b>		
<b>1. Large Quantity Handler of Universal Waste</b> (Mark all boxes that apply) <input type="checkbox"/> a. Batteries <input type="checkbox"/> b. Lamps <input type="checkbox"/> c. Mercury containing equipment  (Note: Large Quantity Handlers accumulate 11,000 pounds or more total of universal waste (batteries, thermostats, and lamps calculated collectively) and/or accumulates more than 2,200 pounds of universal waste lamps at any time.)		
<input type="checkbox"/> <b>2. Destination Facility for Universal Waste</b> (Note: Please check this box if you either store waste from off-site sources prior to recycling or if you recycle waste from off-site sources without first storing the waste.)		
<b>10c. Used Oil Activities</b>		
<b>1. Off-Specification Used Oil Burner</b>		<b>3. Used Oil Transporter - Indicate types of activities</b>
<input type="checkbox"/> a. Utility Boiler		<input type="checkbox"/> a. Transporter
<input type="checkbox"/> b. Industrial Boiler		<input type="checkbox"/> b. Transfer Facility
<input type="checkbox"/> c. Industrial furnace		
<b>2. Used Oil Processor/Re-refiner</b>		<b>4. Used Oil Fuel Marketer</b>
<input type="checkbox"/> a. Processor		<input type="checkbox"/> a. Directs shipment of used oil to used oil burner
<input type="checkbox"/> b. Re-refiner		<input type="checkbox"/> b. First claims the used oil meets the specifications

**10d. Eligible Academic Entities with Laboratories –** Notification to participate in or withdraw from the State Academic Laboratory Rule - (Subpart K) for managing laboratory dangerous waste under WAC173-303-235.


**1. Yes, I am managing dangerous wastes under this rule.**

<input type="checkbox"/> a. College or University
<input type="checkbox"/> b. Teaching hospital that is owned by (or has a formal written affiliation agreement with) a college or university.
<input type="checkbox"/> c. Non-profit institute that is owned by (or has a formal written agreement with) a college or university

**2. ☐ Yes, I wish to withdraw from this rule.** (If you were managing dangerous wastes under the State Academic Laboratory Rule and you no longer wish to participate, select this option.)

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10e. State Required Information. Washington State requires the following information. Please answer all questions that apply to your site.</b>		
<b>1. Washington State Tax Registration Number (UBI number):</b>	<u>601319923</u>	
<b>2. How Frequently do you generate dangerous waste?</b>		
<input type="checkbox"/> a. Monthly <input checked="" type="checkbox"/> b. Batch <input type="checkbox"/> c. Spill Event <input type="checkbox"/> d. Clean-up: Remediation of past contamination		
<input type="checkbox"/>	<b>3. Generator of special waste (per WAC 173-303-073)</b>	
<input type="checkbox"/>	<b>4. Recycler of On-Site Waste (i.e. on-site use, reuse, or reclamation of a waste after it was generated)</b>	
<input type="checkbox"/>	<b>5. Permit-by-Rule (PBR)</b>	
<input type="checkbox"/>	<b>6. Treatment by Generator (TBG)</b>	
<input type="checkbox"/>	<b>7. Transport your own waste</b>	
<b>8. Dangerous Waste Fuel Activities</b>		
<input type="checkbox"/>	a. Generator of dangerous waste fuel	
<input type="checkbox"/>	b. Generator marketing to burner	
<input type="checkbox"/>	c. Other marketers (i.e. blender, distributor etc)	
	d. Burner (indicate type of combustion unit)	
	<input type="checkbox"/> 1. Utility Boiler	
	<input type="checkbox"/> 2. Industrial Boiler	
	<input type="checkbox"/> 3. Industrial Furnace	
<b>Description of Hazardous Wastes</b>		Additional codes may be added to comments if needed.
<b>11. Waste Codes for Federally Regulated Hazardous Wastes:</b> What codes best describe your waste (e.g., D001 – Ignitable, D002 – Corrosive, D003 – Reactive, etc.)? Find these codes on your Uniform Hazardous Waste Manifest or call your designated facility.		
<b>12. Waste Codes for State Regulated (non-Federal) Hazardous Wastes:</b> What codes best describe your waste (e.g., WT02 – Toxic, WP02 – Persistent, WSC2 – Solid Corrosive, etc.)? Find these codes on your Uniform Hazardous Waste Manifest or call your designated facility.		
WP01,WT01		

Dangerous Waste Site Identification Form (continued)		Site ID
<b>13. Episodic Generator</b>		
[ ] Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category? If "Yes", you must fill out the Addendum for Episodic Generator.		
<b>14. LQG Consolidation of SQG Hazardous Waste</b>		
[ ] Are you an LQG notifying of consolidating SQG Hazardous Waste Under the Control of the Same Person pursuant to WAC 173-303-171 ? If "Yes", you must fill out the Addendum for LQG Consolidation of SQGs Hazardous Waste.		
<b>15. Notification of LQG Site Closure of a Central Accumulation Area (CAA) OR Entire Facility</b>		
[ ] LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility		
	A. [ ] Central Accumulation Area (CAA)    [ ] Entire Facility	
	B. Expected closure date: N/A	
	C. Requesting new closure date: N/A	
	D. Date closed:	
	[ ] In compliance    [ ] Not in compliance [ ] Will close as a landfill, WAC 173-303-665 [ ] Will close under drip pad standards, WAC 173-303-675	
<b>16. Notification of Hazardous Secondary Material (HSM) Activity</b>		
[ ] A. Are you notifying under WAC 173-303-017(8) that you will begin managing, are managing, or will stop managing hazardous secondary material under WAC 173-303-017(5)? If 'Yes', you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.		
<b>17. Manifest Broker</b>		
[ ] Are you a Manifest Broker?		
<b>18. Comments</b> - Attach additional sheets if you need more room.		
<b>19. Certification</b> - This form cannot be processed without a wet ink signature.		
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: _____	
Name (print or type): _____	Title: _____	

Dangerous Waste Report - Annual Report - 2019		Site ID													
	<b>Washington State Department of Ecology</b> Hazardous Waste Information P.O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022  Web site: <a href="http://www.ecology.wa.gov/DWRReport">www.ecology.wa.gov/DWRReport</a>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">For Ecology Use Only</th> <th colspan="2" style="text-align: left;">Date Received:</th> </tr> <tr> <td style="width: 25%;">Form</td> <td style="width: 25%;">Reviewed</td> <td style="width: 25%;">Entered</td> <td style="width: 25%;">Verified</td> </tr> <tr> <td>Site ID</td> <td></td> <td></td> <td></td> </tr> </table>		For Ecology Use Only		Date Received:		Form	Reviewed	Entered	Verified	Site ID			
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Site ID															
1. Reason for Submittal <input type="checkbox"/> To provide <b>New</b> Notification of Regulated Waste Activity (complete entire form) <input checked="" type="checkbox"/> To provide Revised Site Identification information (complete entire form) <input type="checkbox"/> Reactivation Site Identification Number (complete entire form) <div style="text-align: right;">Received Date: 02/06/2020</div> <input type="checkbox"/> Withdraw <div style="text-align: right;">Effective Date: 12/31/2019</div>															
2. EPA/State Id Number: WAR000010975															
<b>3. Site Name</b> US DOE JADWIN															
<b>4. Site Location</b> Street 1: 825 Jadwin Ave Fed Bldg City: Richland State: WA Zip: 99352 Country: US County: BENTON District: CRO															
<b>5. Site Mailing Address</b> Street 1: PO Box 550 Street 2: City/State/Zip: Richland, WA 99352 Country: US															
<b>6. Site Land Type</b> Land Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other															
<b>7. North American Industry Classification System (NAICS)</b> NAICS: 924110															
<b>8. Site Contact Person</b> Name: Anthony C McKarns Title: Street Address: PO Box 550 MSIN H5-30 City/State/Zip: Richland, WA 99352 Email: tony.mckarns@rl.doe.gov Phone/Ext: (509)376-8981															
<i>To ask about available formats for the visually impaired call 360-407-6700. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.</i>															

Dangerous Waste Site Identification Form (continued)					Site ID
<b>9a. Legal Owner</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US Department of Energy				
Street 1:	PO Box 550				
Street 2:	MSIN H5-20				
City/State/Zip:	Richland, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Owner Since:	01/01/1997				
<b>9b. Land Owner</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US General Services Admin				
Street 1:	825 Jadwin Ave				
Street 2:					
City/State/Zip:	Richland, WA 99352				
Country:	US				
Email:		Phone:	(509)372-1100	Ext:	
Owner Since:	12/31/2017				
<b>9c. Site Operator</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US General Services Admin				
Street 1:	PO BOX 550				
Street 2:					
City/State/Zip:	Richland, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Operator Since:	01/01/1997				

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10a. Hazardous Waste Activities</b>		
<b>1. Federal Generator of Hazardous Waste (Choose one)</b> <input type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input type="checkbox"/> b. SQG: Small Quantity Generator (Between 220 – 2,200 lbs/mo) <input type="checkbox"/> c. VSQG: Very Small Quantity Generator (Less than 220 lbs/mo) <input checked="" type="checkbox"/> d. NQG: No Regulated Waste Generated	<input type="checkbox"/> <b>7. Designated Facility of Hazardous Waste (TSD)</b> (Requires an Ecology Part A or Part B permit for dangerous waste management. See WAC 173-303).  <b>8. Recycler of Hazardous Waste Received from Off-Site</b> <input type="checkbox"/> a. Stores prior to recycling <input type="checkbox"/> a. Does not store prior to recycling	
<b>2. State Generator of Hazardous Waste (Choose one)</b> <input type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input type="checkbox"/> b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) <input type="checkbox"/> c. SQG: Small Quantity Generator (Less than 220 lbs/mo) <input checked="" type="checkbox"/> d. XQG: No Regulated Waste Generated	<b>9. Exempt Boiler and/or Industrial Furnace</b> <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption  <input type="checkbox"/> <b>10. Underground Injection Control</b> (Requires a registered underground injection well. See WAC 173-218) <input type="checkbox"/> <b>11. Receives Hazardous Waste from Off-site</b>	
<b>3. Short Term Generator</b> (This question is automatically reported as no to the U.S. Environmental Protection Agency)	<b>12. Recognized Trader</b> <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter	
<input type="checkbox"/> <b>4. U.S. Importer of Hazardous Waste</b>	<b>13. Importer/Exporter of Spent Lead Acid Batteries (SLABs)</b> <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter	
<input type="checkbox"/> <b>5. Mixed Waste Generator (Hazardous and Radioactive)</b>		
<b>6. Transporter of Hazardous Waste (HW)</b> <input type="checkbox"/> a. HW Transporter <input type="checkbox"/> b. HW Transfer Facility		

Dangerous Waste Site Identification Form (continued)		Site ID	
<b>10b. Universal Waste Activities</b>			
<b>1. Large Quantity Handler of Universal Waste</b> (Mark all boxes that apply) <input type="checkbox"/> a. Batteries <input type="checkbox"/> b. Lamps <input type="checkbox"/> c. Mercury containing equipment  (Note: Large Quantity Handlers accumulate 11,000 pounds or more total of universal waste (batteries, thermostats, and lamps calculated collectively) and/or accumulates more than 2,200 pounds of universal waste lamps at any time.)			
<input type="checkbox"/> <b>2. Destination Facility for Universal Waste</b> (Note: Please check this box if you either store waste from off-site sources prior to recycling or if you recycle waste from off-site sources without first storing the waste.)			
<b>10c. Used Oil Activities</b>			
<b>1. Off-Specification Used Oil Burner</b>		<b>3. Used Oil Transporter - Indicate types of activities</b>	
<input type="checkbox"/> a. Utility Boiler		<input type="checkbox"/> a. Transporter	
<input type="checkbox"/> b. Industrial Boiler		<input type="checkbox"/> b. Transfer Facility	
<input type="checkbox"/> c. Industrial furnace			
<b>2. Used Oil Processor/Re-refiner</b>		<b>4. Used Oil Fuel Marketer</b>	
<input type="checkbox"/> a. Processor		<input type="checkbox"/> a. Directs shipment of used oil to used oil burner	
<input type="checkbox"/> b. Re-refiner		<input type="checkbox"/> b. First claims the used oil meets the specifications	

**10d. Eligible Academic Entities with Laboratories –** Notification to participate in or withdraw from the State Academic Laboratory Rule - (Subpart K) for managing laboratory dangerous waste under WAC173-303-235.

**1. Yes, I am managing dangerous wastes under this rule.**


<input type="checkbox"/> a. College or University
<input type="checkbox"/> b. Teaching hospital that is owned by (or has a formal written affiliation agreement with) a college or university.
<input type="checkbox"/> c. Non-profit institute that is owned by (or has a formal written agreement with) a college or university

**2. ☐ Yes, I wish to withdraw from this rule.** (If you were managing dangerous wastes under the State Academic Laboratory Rule and you no longer wish to participate, select this option.)

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10e. State Required Information. Washington State requires the following information. Please answer all questions that apply to your site.</b>		
<b>1. Washington State Tax Registration Number (UBI number):</b>	<u>601319923</u>	
<b>2. How Frequently do you generate dangerous waste?</b>		
<input type="checkbox"/> a. Monthly <input type="checkbox"/> b. Batch <input type="checkbox"/> c. Spill Event <input type="checkbox"/> d. Clean-up: Remediation of past contamination		
<input type="checkbox"/>	<b>3. Generator of special waste (per WAC 173-303-073)</b>	
<input type="checkbox"/>	<b>4. Recycler of On-Site Waste (i.e. on-site use, reuse, or reclamation of a waste after it was generated)</b>	
<input type="checkbox"/>	<b>5. Permit-by-Rule (PBR)</b>	
<input type="checkbox"/>	<b>6. Treatment by Generator (TBG)</b>	
<input type="checkbox"/>	<b>7. Transport your own waste</b>	
<b>8. Dangerous Waste Fuel Activities</b>		
<input type="checkbox"/>	a. Generator of dangerous waste fuel	
<input type="checkbox"/>	b. Generator marketing to burner	
<input type="checkbox"/>	c. Other marketers (i.e. blender, distributor etc)	
	d. Burner (indicate type of combustion unit)	
	<input type="checkbox"/> 1. Utility Boiler	
	<input type="checkbox"/> 2. Industrial Boiler	
	<input type="checkbox"/> 3. Industrial Furnace	
<b>Description of Hazardous Wastes</b>		Additional codes may be added to comments if needed.
<b>11. Waste Codes for Federally Regulated Hazardous Wastes:</b> What codes best describe your waste (e.g., D001 – Ignitable, D002 – Corrosive, D003 – Reactive, etc.)? Find these codes on your Uniform Hazardous Waste Manifest or call your designated facility.		
<b>12. Waste Codes for State Regulated (non-Federal) Hazardous Wastes:</b> What codes best describe your waste (e.g., WT02 – Toxic, WP02 – Persistent, WSC2 – Solid Corrosive, etc.)? Find these codes on your Uniform Hazardous Waste Manifest or call your designated facility.		



<b>Dangerous Waste Site Identification Form (continued)</b>	<b>Site ID</b>
<b>13. Episodic Generator</b>	
<input type="checkbox"/> Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category? If "Yes", you must fill out the Addendum for Episodic Generator.	
<b>14. LQG Consolidation of SQG Hazardous Waste</b>	
<input type="checkbox"/> Are you an LQG notifying of consolidating SQG Hazardous Waste Under the Control of the Same Person pursuant to WAC 173-303-171 ? If "Yes", you must fill out the Addendum for LQG Consolidation of SQGs Hazardous Waste.	
<b>15. Notification of LQG Site Closure of a Central Accumulation Area (CAA) OR Entire Facility</b>	
<input type="checkbox"/> LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility	
	A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility
	B. Expected closure date: N/A
	C. Requesting new closure date: N/A
	D. Date closed:
	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance <input type="checkbox"/> Will close as a landfill, WAC 173-303-665 <input type="checkbox"/> Will close under drip pad standards, WAC 173-303-675
<b>16. Notification of Hazardous Secondary Material (HSM) Activity</b>	
<input type="checkbox"/> A. Are you notifying under WAC 173-303-017(8) that you will begin managing, are managing, or will stop managing hazardous secondary material under WAC 173-303-017(5)? If 'Yes', you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.	
<b>17. Manifest Broker</b>	
<input type="checkbox"/> Are you a Manifest Broker?	
<b>18. Comments</b> - Attach additional sheets if you need more room.	
<b>19. Certification</b> - This form cannot be processed without a wet ink signature.	
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: _____
Name (print or type): _____	Title: _____

Dangerous Waste Report - Annual Report - 2019		Site ID													
	<b>Washington State Department of Ecology</b> Hazardous Waste Information P.O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022  Web site: <a href="http://www.ecology.wa.gov/DWReport">www.ecology.wa.gov/DWReport</a>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">For Ecology Use Only</th> <th colspan="2" style="text-align: left;">Date Received:</th> </tr> <tr> <td style="width: 25%;">Form</td> <td style="width: 25%;">Reviewed</td> <td style="width: 25%;">Entered</td> <td style="width: 25%;">Verified</td> </tr> <tr> <td>Site ID</td> <td></td> <td></td> <td></td> </tr> </table>		For Ecology Use Only		Date Received:		Form	Reviewed	Entered	Verified	Site ID			
For Ecology Use Only		Date Received:													
Form	Reviewed	Entered	Verified												
Site ID															
<b>1. Reason for Submittal</b> <input type="checkbox"/> To provide <b>New</b> Notification of Regulated Waste Activity (complete entire form)															
<input checked="" type="checkbox"/> To provide Revised Site Identification information (complete entire form)															
<input type="checkbox"/> Reactivation Site Identification Number (complete entire form)															
Received Date: 02/06/2020															
<input type="checkbox"/> Withdraw                                      Effective Date: 12/31/2019															
<b>2. EPA/State Id Number:</b> WAH000048800															
<b>3. Site Name</b>															
US Dept of Energy MHF															
<b>4. Site Location</b>															
Street 1:	1030 BATTELLE BLVD														
City:	RICHLAND														
State:	WA														
Zip:	99354														
Country:	US														
County:	BENTON														
District:	CRO														
<b>5. Site Mailing Address</b>															
Street 1:	PO Box 550														
Street 2:															
City/State/Zip:	Richland, WA 99352														
Country:	US														
<b>6. Site Land Type</b>															
Land Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other															
<b>7. North American Industry Classification System (NAICS)</b>															
NAICS: 493110															
<b>8. Site Contact Person</b>															
Name:	Anthony C McKarns														
Title:															
Street Address:	PO Box 550 MSIN H5-20														
City/State/Zip:	Richland, WA 99352														
Email:	tony.mckarns@rl.doe.gov														
Phone/Ext:	(509)376-8981														
<b><i>To ask about available formats for the visually impaired call 360-407-6700. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.</i></b>															

Dangerous Waste Site Identification Form (continued)					Site ID
<b>9a. Legal Owner</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US Dept of Energy Richland Ops Office				
Street 1:	PO Box 550				
Street 2:	MSIN H5-20				
City/State/Zip:	Richland, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Owner Since:	03/12/2015				
<b>9b. Land Owner</b>					
Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	Port of Benton				
Street 1:	3250 Port of Benton Blvd				
Street 2:					
City/State/Zip:	Richland, WA 99354				
Country:	US				
Email:		Phone:	(509)375-3060	Ext:	
Owner Since:	12/31/2017				
<b>9c. Site Operator</b>					
Type: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other					
Name:	US Dept of Energy				
Street 1:	PO Box 550				
Street 2:					
City/State/Zip:	Richland, WA 99352				
Country:	US				
Email:		Phone:	(509)376-7395	Ext:	
Operator Since:	03/12/2015				

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10a. Hazardous Waste Activities</b>		
<b>1. Federal Generator of Hazardous Waste (Choose one)</b> <input checked="" type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input type="checkbox"/> b. SQG: Small Quantity Generator (Between 220 – 2,200 lbs/mo) <input type="checkbox"/> c. VSQG: Very Small Quantity Generator (Less than 220 lbs/mo) <input type="checkbox"/> d. NQG: No Regulated Waste Generated	<input type="checkbox"/> <b>7. Designated Facility of Hazardous Waste (TSD)</b> (Requires an Ecology Part A or Part B permit for dangerous waste management. See WAC 173-303).  <b>8. Recycler of Hazardous Waste Received from Off-Site</b> <input type="checkbox"/> a. Stores prior to recycling <input type="checkbox"/> a. Does not store prior to recycling	
<b>2. State Generator of Hazardous Waste (Choose one)</b> <input checked="" type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input type="checkbox"/> b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) <input type="checkbox"/> c. SQG: Small Quantity Generator (Less than 220 lbs/mo) <input type="checkbox"/> d. XQG: No Regulated Waste Generated	<b>9. Exempt Boiler and/or Industrial Furnace</b> <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption  <input type="checkbox"/> <b>10. Underground Injection Control</b> (Requires a registered underground injection well. See WAC 173-218) <input type="checkbox"/> <b>11. Receives Hazardous Waste from Off-site</b>	
<b>3. Short Term Generator</b> (This question is automatically reported as no to the U.S. Environmental Protection Agency)	<b>12. Recognized Trader</b> <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter	
<input type="checkbox"/> <b>4. U.S. Importer of Hazardous Waste</b>	<b>13. Importer/Exporter of Spent Lead Acid Batteries (SLABs)</b> <input type="checkbox"/> a. Importer <input type="checkbox"/> b. Exporter	
<input type="checkbox"/> <b>5. Mixed Waste Generator (Hazardous and Radioactive)</b>		
<b>6. Transporter of Hazardous Waste (HW)</b> <input type="checkbox"/> a. HW Transporter <input type="checkbox"/> b. HW Transfer Facility		

Dangerous Waste Site Identification Form (continued)		Site ID	
<b>10b. Universal Waste Activities</b>			
<b>1. Large Quantity Handler of Universal Waste</b> (Mark all boxes that apply) <input type="checkbox"/> a. Batteries <input type="checkbox"/> b. Lamps <input type="checkbox"/> c. Mercury containing equipment  (Note: Large Quantity Handlers accumulate 11,000 pounds or more total of universal waste (batteries, thermostats, and lamps calculated collectively) and/or accumulates more than 2,200 pounds of universal waste lamps at any time.)			
<input type="checkbox"/> <b>2. Destination Facility for Universal Waste</b> (Note: Please check this box if you either store waste from off-site sources prior to recycling or if you recycle waste from off-site sources without first storing the waste.)			
<b>10c. Used Oil Activities</b>			
<b>1. Off-Specification Used Oil Burner</b>		<b>3. Used Oil Transporter - Indicate types of activities</b>	
<input type="checkbox"/> a. Utility Boiler		<input type="checkbox"/> a. Transporter	
<input type="checkbox"/> b. Industrial Boiler		<input type="checkbox"/> b. Transfer Facility	
<input type="checkbox"/> c. Industrial furnace			
<b>2. Used Oil Processor/Re-refiner</b>		<b>4. Used Oil Fuel Marketer</b>	
<input type="checkbox"/> a. Processor		<input type="checkbox"/> a. Directs shipment of used oil to used oil burner	
<input type="checkbox"/> b. Re-refiner		<input type="checkbox"/> b. First claims the used oil meets the specifications	

**10d. Eligible Academic Entities with Laboratories –** Notification to participate in or withdraw from the State Academic Laboratory Rule - (Subpart K) for managing laboratory dangerous waste under WAC173-303-235.

**1. Yes, I am managing dangerous wastes under this rule.**

<input type="checkbox"/> a. College or University
<input type="checkbox"/> b. Teaching hospital that is owned by (or has a formal written affiliation agreement with) a college or university.
<input type="checkbox"/> c. Non-profit institute that is owned by (or has a formal written agreement with) a college or university

**2. ☐ Yes, I wish to withdraw from this rule.** (If you were managing dangerous wastes under the State Academic Laboratory Rule and you no longer wish to participate, select this option.)

Dangerous Waste Site Identification Form (continued)		Site ID
<b>10e. State Required Information. Washington State requires the following information. Please answer all questions that apply to your site.</b>		
<b>1. Washington State Tax Registration Number (UBI number):</b>	<u>601319923</u>	
<b>2. How Frequently do you generate dangerous waste?</b>		
<input checked="" type="checkbox"/> a. Monthly <input type="checkbox"/> b. Batch <input type="checkbox"/> c. Spill Event <input type="checkbox"/> d. Clean-up: Remediation of past contamination		
<input type="checkbox"/>	<b>3. Generator of special waste (per WAC 173-303-073)</b>	
<input type="checkbox"/>	<b>4. Recycler of On-Site Waste (i.e. on-site use, reuse, or reclamation of a waste after it was generated)</b>	
<input type="checkbox"/>	<b>5. Permit-by-Rule (PBR)</b>	
<input type="checkbox"/>	<b>6. Treatment by Generator (TBG)</b>	
<input type="checkbox"/>	<b>7. Transport your own waste</b>	
<b>8. Dangerous Waste Fuel Activities</b>		
<input type="checkbox"/>	a. Generator of dangerous waste fuel	
<input type="checkbox"/>	b. Generator marketing to burner	
<input type="checkbox"/>	c. Other marketers (i.e. blender, distributor etc)	
	d. Burner (indicate type of combustion unit)	
	<input type="checkbox"/> 1. Utility Boiler	
	<input type="checkbox"/> 2. Industrial Boiler	
	<input type="checkbox"/> 3. Industrial Furnace	
<b>Description of Hazardous Wastes</b>		Additional codes may be added to comments if needed.
<b>11. Waste Codes for Federally Regulated Hazardous Wastes:</b> What codes best describe your waste (e.g., D001 – Ignitable, D002 – Corrosive, D003 – Reactive, etc.)? Find these codes on your Uniform Hazardous Waste Manifest or call your designated facility.		
D003,D001		
<b>12. Waste Codes for State Regulated (non-Federal) Hazardous Wastes:</b> What codes best describe your waste (e.g., WT02 – Toxic, WP02 – Persistent, WSC2 – Solid Corrosive, etc.)? Find these codes on your Uniform Hazardous Waste Manifest or call your designated facility.		
WT02		

Dangerous Waste Site Identification Form (continued)		Site ID
<b>13. Episodic Generator</b>		
<input type="checkbox"/> Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category? If "Yes", you must fill out the Addendum for Episodic Generator.		
<b>14. LQG Consolidation of SQG Hazardous Waste</b>		
<input type="checkbox"/> Are you an LQG notifying of consolidating SQG Hazardous Waste Under the Control of the Same Person pursuant to WAC 173-303-171 ? If "Yes", you must fill out the Addendum for LQG Consolidation of SQGs Hazardous Waste.		
<b>15. Notification of LQG Site Closure of a Central Accumulation Area (CAA) OR Entire Facility</b>		
<input type="checkbox"/> LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility		
	A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility	
	B. Expected closure date: N/A	
	C. Requesting new closure date: N/A	
	D. Date closed:	
	<input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance <input type="checkbox"/> Will close as a landfill, WAC 173-303-665 <input type="checkbox"/> Will close under drip pad standards, WAC 173-303-675	
<b>16. Notification of Hazardous Secondary Material (HSM) Activity</b>		
<input type="checkbox"/> A. Are you notifying under WAC 173-303-017(8) that you will begin managing, are managing, or will stop managing hazardous secondary material under WAC 173-303-017(5)? If 'Yes', you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.		
<b>17. Manifest Broker</b>		
<input type="checkbox"/> Are you a Manifest Broker?		
<b>18. Comments</b> - Attach additional sheets if you need more room.		
Waste was generated during 2019 but not shipped will be reported in the 2020 ADWR. Section 9.b The land north of Battelle Blvd is owned by the Port of Benton (POB). The land type is "Municipal." The POB leases the land to SMI Group XVIII LLC. The SM Group subleases the land to the BNI (DOE prime contractor). The Material Handling Facility lay-down yard south of Battelle Blvd is owned by 3D Developments. BNI (DOE prime contractor) leases the land from 3D Developments. This land is categorized as "Private." Dangerous Waste generator activities are performed in both areas (i.e., north and south of Battelle Blvd)		
<b>19. Certification</b> - This form cannot be processed without a wet ink signature.		
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: _____	
Name (print or type): _____	Title: _____	

## Off-Site Identification Form

**OI**

EPA/State ID Number:	WAH000048800	Reporting Year:	2019
Site Name:	US Dept of Energy MHF		
EPA/State ID Number:	MNS000110924		
Name:	STERICYCLE SPECIALTY WASTE SOLUTIONS INC		
Address:	18000 72ND AVE S.,		
City/State/Zip:	KENT, WA 98032		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		

EPA/State ID Number:	WAD020257945		
Name:	BURLINGTON ENVIRONMENTAL, LLC		
Address:	1701 EAST ALEXANDER AVENUE,		
City/State/Zip:	TACOMA, WA 98421		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		

EPA/State ID Number:	WAD991281767		
Name:	BURLINGTON ENVIRONMENTAL, LLC		
Address:	20245 77TH AVE. SOUTH,		
City/State/Zip:	KENT, WA 98032		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		

EPA/State ID Number:	WAR000001743		
Name:	BURLINGTON ENVIRONMENTAL, LLC		
Address:	1729 ALEXANDER AVENUE,		
City/State/Zip:	TACOMA, WA 98401		
Country:	US		
Handler Type (Check all that apply):	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Designated Facility <input type="checkbox"/> Special Waste		



Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.				<b><i>Please Enter:</i></b>  Your US EPA/State Id: <u>WAH000048800</u>  Site Name: <u>US Dept of Energy MHF</u>	
Sequence: 1				For Ecology Use Only: _____	
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Batteries - Lithium					
A-3. D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W309		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		0.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 1</b>					
B-4. <u>0.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WAH000048800</u>  Site Name: <u>US Dept of Energy MHF</u>		
Sequence: 2			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Batteries - Lithium					
A-3. D003			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G09	
A-8. W309		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-9.a.					
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD991281767		H141		1	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 2</b>					
B-4. <u>1</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WAH000048800</u>  Site Name: <u>US Dept of Energy MHF</u>		
<b>Sequence: 3</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Discarded Commercial Products -</b>					
<b>A-3.</b>		<b>A-4. WT02</b>			
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>	<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-7. G19</b>	
<b>A-8. W219</b>	<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>			<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____  _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		1.9	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 3</b>					
<b>B-4. <u>1.9</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					
<b>A-7. Facility Cleanout A-8. Washington State Toxic</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WAH000048800</u>  Site Name: <u>US Dept of Energy MHF</u>		
<b>Sequence: 4</b>			<b>For Ecology Use Only:</b> _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
<b>A-1. (Optional)</b>					
<b>A-2. Filters - Organics</b>					
<b>A-3. D001</b>			<b>A-4.</b>		
<b>A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW</b>		<b>A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>		<b>A-7. G16</b>	
<b>A-8. W310</b>		<b>A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi</b>  <b>A-9.a.</b>		<b>A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>	
<b>A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</b>			<b>A-12. Washington State Banned Material</b>		
<b>B. Waste Management Activities</b>					
<b>B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet</b>					
<b>B-2. Enter waste managed On-Site</b>  _____ _____				<b>B-2.a. Was waste managed according to the treatment-by-generator guidance?</b>  <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span>	
<b>B-3. Enter Off-site summary</b>					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		56.18	
Recycling Percent		0			
<b>See GM Addendum B3 for Shipments Sent sequence number 4</b>					
<b>B-4. <u>56.18</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)</b>					
<b>B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity</b>					
<b>C. Comments</b>					

Generation and Management Form				GM	
Please enter your US EPA/State ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream. Reference the instructions on pages 29 through 36 as you complete this form.  Please type or print legibly in blue or black ink.			<b>Please Enter:</b>  Your US EPA/State Id: <u>WAH000048800</u>  Site Name: <u>US Dept of Energy MHF</u>		
Sequence: <b>5</b>			For Ecology Use Only: _____		
<b>A. Description of Dangerous Waste Stream</b>					
Where was this waste stream managed? <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Off-Site</span> <span style="margin-left: 100px;"><input type="checkbox"/> On-Site</span>					
A-1. (Optional)					
A-2. Discarded Commercial Products - Ignitable					
A-3. D001			A-4.		
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. G19	
A-8. W219		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v <input type="checkbox"/> vi		A-10. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		A-9.a.			
A-11. Episodic Waste <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			A-12. Washington State Banned Material		
<b>B. Waste Management Activities</b>					
B-1. To be completed by Generators, TSD and Recyclers- Additional space is available on the continuation sheet					
B-2. Enter waste managed On-Site				B-2.a. Was waste managed according to the treatment-by-generator guidance?	
_____				[X] No <input type="checkbox"/> Yes	
_____					
B-3. Enter Off-site summary					
Designated Facility (TSDR)		Management Code		Quantity	
WAD020257945		H141		20.5	
				Recycling Percent	
				0	
<b>See GM Addendum B3 for Shipments Sent sequence number 5</b>					
B-4. <u>20.5</u> <input type="checkbox"/> Tons <input type="checkbox"/> Pounds <input checked="" type="checkbox"/> Kilograms <input type="checkbox"/> Gallons (If gallons, answer B-4.a.)					
B-4.a. <u>0</u> <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity					
<b>C. Comments</b>					
A-7. Facility Cleanout A-8. Ignitable					

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