BEFORE COPYING FORM, ENTER SITE NAME AND EPA ID Number:

SITE NAME: _____

_____

EPA ID Number

Kansas Department of Health and Environment

2015 Biennial Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description:

B. EPA hazardous waste code(s)

C. State hazardous waste code(s) **NOT APPLICABLE IN KANSAS**

D. Source code

G

Management Method code for Source code G25

E. Form code

F. Quantity generated in 2015

UOM

Density ☐ lbs/gal ☐ sg

G. Waste minimization code

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

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

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
H		H	

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?

☐ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1			
Site 2			
Site 3			

Comments: