

EPA ID:
Name:
Address:

**KANSAS DEPARTMENT OF
HEALTH AND
ENVIRONMENT**
2007 Hazardous Waste Report



**FORM
WR**

WASTE RECEIVED FROM OFF-SITE

Instructions: Please see the detail instructions on pages 22 to 24 of booklet before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	C. State hazardous waste code _ _ _ _ _ _ _ _ _ _
D. Off-site handler EPA ID number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	E. Quantity received in 2007 _ _ _ _ _ _ _ _ _ _ . _	F. UOM Density _ _ _ . _ _ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	
G. Form code W _ _ _	H. Management Method code H _ _ _		
Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	C. State hazardous waste code _ _ _ _ _ _ _ _ _ _
D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 1 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	E. Quantity received in 2007 _ _ _ _ _ _ _ _ _ _ . _	F. UOM Density _ _ _ . _ _ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	
G. Form code W _ _ _	H. Management Method code H _ _ _		
Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	C. State hazardous waste code _ _ _ _ _ _ _ _ _ _
D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 2 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	E. Quantity received in 2007 _ _ _ _ _ _ _ _ _ _ . _	F. UOM Density _ _ _ . _ _ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	
G. Form code W _ _ _	H. Management Method code H _ _ _		
Comments:			