



**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention**  
**Hazardous Waste Recycling Annual Report**

**20**  
 Reporting Year

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MassDEP Facility ID#

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EPA Hazardous Waste ID#

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**A. Facility Information**

**Important:**  
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Contact Email Address \_\_\_\_\_

**Mailing Address** (if different)

Street Address/P.O. Box \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. Hazardous Waste Recycling Information**

**For Waste Code(s)**, see your permit and/or the instructions.

**For Recycling Code**, see the instructions.

1. Permit Transmittal # \_\_\_\_\_ 2. Expiration Date (Five Years After Permit Issued) \_\_\_\_\_

3. Regulated Recyclable Material (RRM) #1:

a. RRM Name \_\_\_\_\_ b. Waste Code \_\_\_\_\_ c. Recycling Code \_\_\_\_\_

4. Is the RRM received from off-site & recycled on-site by this facility?  Yes – Complete a, b & c Below  
 No – Skip to 5

a. Amount Recycled \_\_\_\_\_ b. Units (Gal., Lb., Kg., Tons) \_\_\_\_\_ c. Recycling Equipment Make & Model \_\_\_\_\_

5. Is the RRM generated & recycled on-site by this facility?  Yes – Complete a, b & c Below  
 No – Skip to 6 for RRM generated on-site & shipped off-site  
 See Exception 1 in Instructions

a. Amount Recycled \_\_\_\_\_ b. Units (Gal., Lb., Kg., Tons) \_\_\_\_\_ c. Recycling Equipment Make & Model \_\_\_\_\_

6. RRM Shipped to Receiving Facility #1: a. Amount Shipped \_\_\_\_\_ b. Units (Gal., Lb., Kg., Tons) \_\_\_\_\_

7. Receiving Facility #1: (See Exception 2 in Instructions)

a. Facility Name \_\_\_\_\_

b. City/Town \_\_\_\_\_ c. State/Province \_\_\_\_\_ d. EPA HW ID# \_\_\_\_\_

8. Transporter Used:

a. Facility Name \_\_\_\_\_

b. City/Town \_\_\_\_\_ c. State/Province \_\_\_\_\_ d. EPA HW ID# \_\_\_\_\_



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**B. Hazardous Waste Recycling Information (continued)**

9. RRM Shipped to Receiving Facility #2:

	a. Amount (Number)	b. Units (Gal., Lb., Kg., Tons)
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10. Receiving Facility #2: (See Exception 2 in Instructions)

a. Facility Name			
b. City/Town	c. State/Province	d. EPA HW ID#	

11. Transporter Used:

a. Facility Name			
b. City/Town	c. State/Province	d. EPA HW ID#	

12. Regulated Recyclable Material (RRM) #2:

a. RRM Name	b. Waste Code	c. Recycling Code
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13. Is the RRM received from off-site & recycled on-site by this facility?

Yes – Complete a, b & c Below  
 No – Skip to 14

a. Amount Recycled (Number)	b. Units (Gal., Lb., Kg., Tons)	c. Recycling Equipment Make & Model
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14. Is the RRM generated & recycled on-site by this facility?

Yes – Complete a, b & c Below  
 No – Skip to 15 for RRM generated on-site & shipped off-site  
 See Exception 1 in Instructions

a. Amount Recycled (Number)	b. Units (Gal., Lb., Kg., Tons)	c. Recycling Equipment Make & Model
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15. RRM Shipped to Receiving Facility #1:

a. Amount (Number)	b. Units (Gal., Lb., Kg., Tons)
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16. Receiving Facility #1: (See Exception 2 in Instructions)

a. Facility Name			
b. City/Town	c. State/Province	d. EPA HW ID#	

17. Transporter Used:

a. Facility Name			
b. City/Town	c. State/Province	d. EPA HW ID#	

**For Waste Code(s)**, see your permit and/or the instructions.

**For Recycling Code**, see the instructions.



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**B. Hazardous Waste Recycling Information** (continued)

18. RRM Shipped to Receiving Facility #2:

a. Amount (Number) \_\_\_\_\_ b. Units (Gal., Lb., Kg., Tons) \_\_\_\_\_

19. Receiving Facility #2: (See Exception 2 in Instructions)

a. Facility Name \_\_\_\_\_

b. City/Town \_\_\_\_\_ c. State/Province \_\_\_\_\_ d. EPA HW ID# \_\_\_\_\_

20. Transporter Used:

a. Facility Name \_\_\_\_\_

b. City/Town \_\_\_\_\_ c. State/Province \_\_\_\_\_ d. EPA HW ID# \_\_\_\_\_

**NOTE:**

If you have additional permits, waste streams or receiving facilities to report, attach a Part B Continuation Sheet.

**C. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

\_\_\_\_\_  
 Authorized Signature of Owner/Operator

\_\_\_\_\_  
 Printed Name of Owner/Operator

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date (MM/DD/YYYY)