

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention

Hazardous Waste Recycling Annual Report Part B Continuation Sheet

20
Reporting Year
MassDEP Facility ID#
EPA Hazardous Waste ID#

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



use the return



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

For Recycling Code, see the instructions.

avides Information One (Cheek One)	An Additional Permit Additional Receiving Facilities for Additional Waste Streams for an I	an Individual Waste Stream ndividual Permit	
Hazardous Waste Recycling Infor	mation		
1. Permit Transmittal #	2. Expiration Date (Fiv	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 site by this facility?	on- ☐ Yes – Complete a, ☐ No – Skip to 5	☐ Yes – Complete a, b & c Below ☐ No – Skip to 5	
a. Amount Recycled b. Units (0	Gal., Lb., Kg., Tons)	c. Recycling Equipment Make & Mode	
5. Is the RRM generated & recycled on-site by t facility?	□ No − Skip to 6 for & shipped o	☐ 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 (0	Gal., Lb., Kg., Tons)	c. Recycling Equipment Make & Mode	
6. RRM Shipped to Receiving Facility #1:	a. Amount Shipped	b. Units (Gal., Lb., Kg., Tons)	
7. Receiving Facility #1: (See Exception 2 in Instrua. Facility Name	ctions)		
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#	
9. RRM Shipped to Receiving Facility #2:	a. A second Object of	b. Units (Gal., Lb., Kg., Tons)	
10. Receiving Facility #2: (See Exception 2 in Instr	a. Amount Shipped	b. Offits (Gal., Eb., Kg., Toris)	
a. Facility Name			
b. City/Town	c. State/Province	d. EPA HW ID#	
11. Transporter Used:			
a. Facility Name			



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B. Hazardous Waste Recycling Information (continued)

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

For Recycling Code, see the instructions.

12. Regulated Recyclable Material (RRM)	#2:		
a. RRM Name		b. Waste Code	c. Recycling Code
13. Is the RRM received from off-site & re site by this facility?	cycled on-	☐ Yes – Complete ☐ No – Skip to 14	
a. Amount Recycled b. I	Units (Gal., Lb.,	Kg., Tons)	c. Recycling Equipment Make & Model
14. Is the RRM generated & recycled on-sfacility?	led on-site by this ☐ Yes – Complete ☐ No – Skip to 15		for RRM generated on-site d off-site
a. Amount Recycled b. Units (Gal. 15. RRM Shipped to Receiving Facility #1:		Kg., Tons)	c. Recycling Equipment Make & Model
a. Amount Shipped 16. Receiving Facility #1: (See Exception 2 in Instructions)			b. Units (Gal., Lb., Kg., Tons)
a. Facility Name			
b. City/Town		c. State/Province	d. EPA HW ID#
17. Transporter Used:			
a. Facility Name			
b. City/Town 18. RRM Shipped to Receiving Facility #2		c. State/Province	d. EPA HW ID#
10. Trial only pour to reconverg Facility #2		nt Shipped	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 another Part B Continuation Sheet.