

## Quarterly Hazardous Waste Report Off-Site Facility Report

	Peel off Name and Address Label from backing and place here.  Note: Any company name, address, and/or contact person changes require DHEC Form 2701 to be completed
	☐ Enter "X" here if no hazardous waste accepted for treatment, storage, disposal, recovery this quarter.
	Total amount of Hazardous Waste in Storage at the end of this quarter (in pounds).  Total amount of Hazardous Waste Received for this quarter (in pounds).
	Generator EPA/DHEC ID#  MM DD YY Date Received
	Description of Waste Received
	EPA/DHEC Waste Codes  Manifest Document Number
	Management Code Form Code Amount (lbs.)
	Generator EPA/DHEC ID#  MM DD YY Date Received
	Description of Waste Received
	EPA/DHEC Waste Codes  Manifest Document Number
	Management Code Form Code Amount (lbs.)
<b>/</b> I.	Certification
	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.  I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.  I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.
	Signature of Authorized Representative Print/Type Name & Telephone Number

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