DEQ QUARTERLY REPORT FORM

O K L A H O M A DEPARTMENT OF ENVIRONMENTAL QUALITY for a clean, attractive, prosperous Oklahoma	To be completed by Oklahoma generators of hazardous waste as required by 27A O.S. Supp. 1994, §2-7-103 and §2-7-105, and the rules and regulations promulgated thereto. This report is to be received by the Oklahoma Department of Environmental Quality, Land Protection Division, no later than sixty (60) days after the end of the quarter. See the seperate instruction on how to complete this form.		EPA ID No.:	
Land Protection Division			Disposal Plan No.:	
ATTN: Clark Packard				
.O. Box 1677			Reporting Calendar Year:	
klahoma City, OK 73101-1677			For the quarter ending in (mark one below):	
(405) 702-5100 <u>Thomas.King@d</u>	eq.ok.gov		March	June
			September	December
Business/Plant Name:				
Business/Plant Phyiscal Location:				
Mailing Address (if different from physical loc):				
Contact Email:	Direct Contact Phone:			
1	2	3	4	5
Disposal Plan Waste Stream No.	Transporter EPA ID No.	Treatment, Storage, Disposal, Recycling Facility EPA ID No.	Amount In Pounds	Handling Codes and Comments
		Total Amount this page:	0	
I hereby certity that the above record is	accurate and correct to the best of my kn	owledge and includes all hazardous was	ste generated by the facility.	

Signature of Authorized Agent:

Typed Name of Authorized Agent:

Rev. Date 07/2017

Date:

Title: of