**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**330**

**BUREAU OF WASTE MANAGEMENT**

**P.O. BOX 8550**

**HARRISBURG, PA 17105-8550**

**GENERATOR’S RESIDUAL WASTE BIENNIAL REPORT FOR 2022**

***Report Due By March 1, 2023***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| A. |  | | This site DID NOT generate more than 13 tons of residual waste in 2022. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Your I.D. No. | | | | | P | | | | A | | |  | | |  | |  | | |  | | | |  | |  | | |  | |  | |  | |  | | |  | | | | | | | | | | | | | | |
| 2. | Generator’s Name | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Mailing Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Location Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. |  | | | | | | | | | | | | | | | | | | | | | 6. | | | |  | | City | | | | | | | | | | 7. | | | | County | | | |  | | | | | | | | | |
|  | (Name of Municipality) | | | | | | | | | | | | | | | | | | | | |  | | | |  | | Borough | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | Township | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | (Check one) | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | |
| 8. | Contact Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact Title | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. | Contact Phone No. | | | | | | | | | | | ( | |  | | |  | |  | | | | ) | | | | | |  | |  | |  | | – | |  | | |  | | |  |  |
|  |  | | | | | | Area Code Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Contact Email Address | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Y** | | | **N** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. |  |  | |  | Does your site generate any coproducts? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I certify pursuant to the penalties of 18 Pa. C.S.A. Section 4904 that to the best of my knowledge, information and belief, the information contained in this biennial report is true and correct and is in conformance with Chapter 287 of the rules and regulations of the Department of Environmental Protection. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **M M D D Y Y** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Print or Type Name Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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