DEQ QUARTERLY REPORT FORM



Land Protection Division ATTN: **Kevin Courtney** P.O. Box 1677 Oklahoma City, OK 73101-1677 (405) 702-5100

Contact Name:

Signature of Authorized Agent:

Rev. Date 09/2020

Typed Name of Authorized Agent:

Kevin.Courtney@deq.ok.gov

Site Address: Mailing Address:

Business/Plant Name:

and includes all hazardous waste generated by the facility.

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.

Contact Email:

EPA ID No	.:	
Disposal Plan No.:		
porting Calend	ar Year:	
For the quarte	er ending in (mar	k one below):
	March	June
	_September	December

Contact Phone:

DEQ Form #205-022

1	2	3	4	5
Disposal Plan Waste Stream No.	Transporter EPA ID No.	Destination Facility EPA ID No.	Amount In Pounds	Handling Codes
I hereby certify that the above record is accurate and correct to the best of my knowledge Total Amount this page:				

Page

Date: