HAZARDOUS WASTE BIENNIAL REPORT

State Form 52389 (9-05)
Indiana Department of Environmental Management

FORM OI

RCRA ID |__|__|__|__|__|__|__|__|__|__|__|__|__|__| **REPORT YEAR** ____

NAME _____

Off-Site Installation#1	RCRA ID	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|	___ Generator ___ Transporter ___ Treatment, Storage, Disposal
	Name		
	Address	Street City State ZIP	

Off-Site Installation#2	RCRA ID	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|	___ Generator ___ Transporter ___ Treatment, Storage, Disposal
	Name		
	Address	Street City State ZIP	

Off-Site Installation#3	RCRA ID	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|	___ Generator ___ Transporter ___ Treatment, Storage, Disposal
	Name		
	Address	Street City State ZIP	

Off-Site Installation#4	RCRA ID	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|	___ Generator ___ Transporter ___ Treatment, Storage, Disposal
	Name		
	Address	Street City State ZIP	

COMMENTS: _____