

Notice: Used oil processors and re-refiners may use this form to meet their biennial reporting requirement in s. NR 679.57(2), Wis. Adm. Code. An owner or operator of a facility who was subject to the Standards for Used Oil Processors and Re-Refiners (subch. F of ch. NR 679) in an odd-numbered calendar year, is required to submit a biennial report to the Department by March 1 of the following year to report on used oil activities during the previous calendar year. Use of this form is optional. The Department has created this form for the user's convenience and believes that the information requested on the form meets the reporting requirements. Failure to submit a report to the Department may result in a penalty of \$10 to \$5,000 (s. 299.97, Wis. Stats.). Information collected on this form may be made available to requesters under Wisconsin's Open Records laws (ss. 19.31-19.39, Wis. Stats.).

Instructions:

1. Please print or type all information except signature.
2. If the amount for any item is zero, enter the number "0" in the blank.
3. If you need additional space to respond to an item, attach additional pages.
4. Complete this form and send it to: Wisconsin Dept. of Natural Resources
 Bureau of Waste and Materials Management - WA/5
 PO Box 7921
 Madison WI 53707-7921
5. This report is due by March 1 of each even-numbered year, for the previous odd-numbered calendar year.
6. If you have questions about this report or other requirements for managing used oil, please refer to ch. NR 679 (www.legis.state.wi.us/rsb/code/nr/nr679.pdf) or contact the DNR hazardous waste specialist who is assigned to the county in which your facility is located (<http://dnr.wi.gov/staffdir/dynamic/hazwaste.asp> or call 608-266-2111).

1. Odd-Numbered Reporting Year (Calendar Year) _____

2. Facility Name _____	3. DNR Facility Identification No. _____
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4. Facility Location Address: Street or Route _____	City _____	State _____	ZIP Code _____
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5. Contact Person: Name (print or type) _____	Title _____	Telephone No. () _____
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Email Address _____	6. EPA ID No. _____
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7. Contact Person Mailing Address: Street, Route or PO Box _____	City _____	State _____	ZIP Code _____
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8. Activities conducted at facility. Check all that apply and fill in blanks for both how much could be done at maximum capacity and how much was actually done in the reporting year. If none, enter "0".

	<u>Total for the Year</u>	<u>Maximum Capacity</u>
<input type="checkbox"/> Stored	_____ gal.	_____ gal. at any time
<input type="checkbox"/> Filtered	_____ gal.	_____ gal./day
<input type="checkbox"/> Blended	_____ gal.	_____ gal./day
<input type="checkbox"/> Re-refined	_____ gal.	_____ gal./day
<input type="checkbox"/> Burned for energy recovery	_____ gal.	_____ gal./day
<input type="checkbox"/> Other (specify: _____)	_____ gal.	_____ gal./day
<input type="checkbox"/> Marketed	_____ gal.	_____ gal./day

9. Input. List totals of used oil for the reporting year.

a. Stored on-site on Jan. 1 of reporting year	a. _____ gal.
b. Generated on-site	b. _____ gal.
c. Accepted from Wisconsin sources: (generators _____ gal.) + (processors _____ gal.) =	c. _____ gal.
d. Accepted from outside Wisconsin: (generators _____ gal.) + (processors _____ gal.) =	d. _____ gal.
e. Total input (add lines a. through d.)	e. _____ gal.

10. Output. List totals of used oil for the reporting year.

a. Stored on-site on Dec. 31 of reporting year	a. _____ gal.
b. Burned on-site for energy recovery	b. _____ gal.
c. Sent off-site for burning for energy recovery	c. _____ gal.
d. Sent off-site for re-refining	d. _____ gal.
e. Sent off-site for processing other than re-refining	e. _____ gal.
f. Sent off-site for beneficial use (e.g., as lubricant)	f. _____ gal.
g. Spilled on-site	g. _____ gal.
h. Disposed on-site or sent off-site for disposal (e.g., water or other material removed from used oil)	h. _____ gal.
i. Total output (add lines a. through h.)	i. _____ gal.

Used Oil Processor or Re-Refiner Biennial Report

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11. Is there any difference between total input (line 9.e.) and total output (line 10.i.) Yes No
 If yes, explain why you think there is a difference.

12. List the states, other than Wisconsin, from which you accepted used oil and how much came from each state.

<u>Name of Other State From Which You Accepted Used Oil</u>	<u>Amount Accepted From Each State</u>
_____	_____ gal.
_____	_____ gal.
_____	_____ gal.
_____	_____ gal.
_____	_____ gal.
_____	_____ gal.
_____	_____ gal.
TOTAL (This total should equal line 9.d.)	_____ gal.

13. Provide information on the transporters who transported used oil away from your facility and the amounts they transported.

<u>Name of Transporter Who Transported Used Oil Away From Your Facility</u>	<u>DNR Solid Waste License No.</u>	<u>EPA ID No.</u>	<u>Amount Transported</u>
_____	_____	_____	_____ gal.
_____	_____	_____	_____ gal.
_____	_____	_____	_____ gal.
_____	_____	_____	_____ gal.
_____	_____	_____	_____ gal.
_____	_____	_____	_____ gal.
_____	_____	_____	_____ gal.

Certification

I certify under penalty of law that this document and any attachments were prepared under my direction or supervision and that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the persons who manage the facility, 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.

14. Owner, Operator or Authorized Representative: Name (print or type)	Title
Signature	Date Signed