Abandoned Waste Fee Relief

Purpose
This document clarifies the responsibilities of a property owner/operator who has containerized hazardous waste illegally deposited on owned real property, and is not able to identify the original generator.

The property owner/operator is not required to count the hazardous waste toward their own generator status and is not required to pay generator fees, provided the owner/operator is willing to report the circumstance of the event to the Oregon Department of Environmental Quality and manage the waste appropriately.

Applicability
This fact sheet applies to anyone in the possession of illegally abandoned hazardous waste on real property by an unknown original generator.

This fact sheet supersedes previous DEQ policy number 1994-PO-002 and Fact Sheet 08-LQ-048.

Discussion
RCRA regulations require a generator of hazardous waste to count the amount of hazardous waste generated each month to determine one's generator category.

OAR 340-102-0065 states that anyone generating more than 100 kilograms of hazardous waste, or more than 1 kilogram of acutely hazardous waste at any time in a calendar year, shall be subject to an annual hazardous waste generation fee.

"Abandoned hazardous waste" means hazardous waste illegally deposited on real property; the owner or operator of which did not generate or transport the hazardous waste to the real property site, and the identity of the true hazardous waste generator cannot reasonably be identified.

According to OAR 340-100-10 "Generator" means the person who, by virtue of ownership, management or control, is responsible for causing or allowing the creation of a hazardous waste.

Any owner or operator having abandoned hazardous waste is responsible to manage the abandoned hazardous waste in compliance with Oregon and Federal hazardous waste laws and rules.

Required Action
The owner/operator is to immediately report the presence of abandoned waste to DEQ and other agencies as necessary, take appropriate steps to determine the generator of the waste, and take reasonable steps protect human health and prevent releases to the environment.

Use the Request for Fee Relief for Abandoned Hazardous Waste form. Complete all information requested. Mail your request to the DEQ office nearest you.

For more information please contact:
Businesses and institutions seeking DEQ technical assistance or having questions about waste management may search the DEQ Web site for ‘HW Technical Assistance’ or contact the nearest DEQ field office:

- Bend, 541-388-6146
- Eugene, 541-686-7838
- Portland, 503-229-5696
- Salem, 503-378-8240

Alternative formats
Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, call DEQ in Portland at 503-229-5696, or toll-free in Oregon at 1-800-452-4011, ext. 5696; or email deqinfo@deq.state
REQUEST FOR FEE RELIEF FOR ABANDONED HAZARDOUS WASTE

To be considered for fee relief, all requested information must be provided.

Name of Reporter______________________________________________________________

Company Name _______________________________________________________________

Street Address ________________________ City ________________ Zip ________________

Telephone #_____________________________

Who did you contact at DEQ? ________________________________________

When did you contact DEQ? _____________________________________________________

DEQ/EPA Identification # □□□□□□□□□□□□□□□□□□□□

Generator status at time of discovery of abandoned hazardous waste

☐ LQG  ☐ SQG  ☐ CEG  ☐ Not a Generator

Address/location where abandoned waste was found: __________________________

________________________________

Date abandoned hazardous waste was found: ________________________________

Describe circumstances of how you found the abandoned waste.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Describe attempts you made to locate the owner of the waste. (Please detail agencies, sheriff, companies, etc. you contacted. Attach additional sheets if necessary.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Have you had abandoned waste before? ☐ Yes ☐ No

Please describe last incident. ________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Quantity: ____________ Location:____________________________ Date: _______________

Was the waste shipped off-site under manifest? ☐ Yes ☐ No

If NO, Who was the contractor?________________________________________________

Who was the transporter?______________________________________________________
**REQUEST FOR FEE RELIEF FOR ABANDONED HAZARDOUS WASTE**

**ABANDONED HAZARDOUS WASTE DESCRIPTION**

<table>
<thead>
<tr>
<th>Hazardous Waste Codes</th>
<th>Quantity</th>
<th>Unit</th>
<th>Liquid</th>
<th>Solid</th>
<th>Gas</th>
<th>Management Method Code</th>
<th>Name &amp; EPA ID of Facility that will or has Received the Hazardous Waste</th>
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*Units: P = pounds; K= kilograms; G = gallons; L = liters; C = cubic yards.*

I am not the generator of the waste described herein, and have no knowledge of the generator or owner of the waste. I have managed the waste according to applicable hazardous waste regulations. The information submitted in this document is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature: ___________________________  Date: ___________________________

Mail completed form to:

**Hazardous Waste Forms Clerk**  
**Oregon DEQ**  
**700 NE Multnomah St, Suite 600**  
**Portland, OR 97232-4100**

**DEQ Use Only**

RCVD: ___________________________  
LOGGED: ___________________________  
CCTO: ___________________________  
APPROVED BY: ___________________________  
DENIED BY: ___________________________