

STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

**RECYCLABLE MATERIALS REPORT – PAGE 1
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

Page ____ of ____

| | | | | | | |
|--|--|----------------|----------|-----|-------------|-----|
| FACILITY ID# | | 1 | EPA ID # | | 2 | |
| BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) | | | | | | 3 |
| DATES OF REPORTING PERIOD | | BEGINNING DATE | | 500 | ENDING DATE | 501 |

I. TYPE OF RECYCLING ACTIVITIES

If yes, please follow instructions.

| | | | |
|---|--|-----|--|
| 1. Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 502 | <input checked="" type="checkbox"/> If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V. |
| 2. Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 503 | <input checked="" type="checkbox"/> If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials. |

--Businesses that only send recyclable materials to an offsite recyclers are not required to file this report. --

II. OFFSITE GENERATOR OF RECYCLABLE MATERIAL

Only complete when the generator is different from the recycler.

| | | | | | |
|--|-----|---------------------------|-------|----------|-----|
| OFFSITE GENERATOR OF RECYCLABLE MATERIAL | 504 | OFFSITE GENERATOR EPA ID# | 505 | | |
| STREET ADDRESS | | 506 | PHONE | 507 | |
| CITY | 508 | STATE | 509 | ZIP CODE | 510 |
| MAILING ADDRESS (IF DIFFERENT) | | | | | 511 |
| CITY | 512 | STATE | 513 | ZIP CODE | 514 |

III. CERTIFICATION SECTION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

| | | | | |
|------------------------|------|-----------------|---------------------------|-----|
| SIGNATURE OF CERTIFIER | DATE | 515 | NAME OF DOCUMENT PREPARER | 516 |
| NAME OF SIGNER (print) | 517 | TITLE OF SIGNER | | 518 |

Recyclable Materials Biennial Report Page 1

Complete this report if you recycle more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion or exemption pursuant to HSC ?25143.2. Facilities that recycle at the same location at which the material was generated (onsite recyclers) and facilities that recycle materials generated at an offsite location (offsite recyclers) must complete a report. Persons who send materials to another location to be recycled, and who do not recycle material onsite under a claim to an exclusion or exemption provided in HSC ? 25143.2, need not complete a report.

Offsite recyclers must complete one report for **each** generator from whom they receive recyclable materials. Complete a **separate** Page 2 of the Report for **each** recyclable material. When this report is submitted, provide a copy of the completed report to the generator of the material recycled.

Refer to HSC ?25143.10 for reporting requirements for recyclers.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Leave this blank. This number is assigned by Stanislaus County This is the unique number that identifies your facility.
2. **EPA ID NUMBER** - Enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters ?CA?. If you do not have a number contact the DTSC Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business.
500. **BEGINNING DATE OF REPORTING PERIOD** - Enter the beginning date of the reporting period for this report. This report is for two calendar years and is due on July 1 of every even-numbered year.
501. **ENDING DATE OF REPORTING PERIOD** - Enter the ending date of the reporting period for this report.
502. **ONSITE RECYCLING** - Check ?Yes? if the recycling facility recycles more than 100 kilograms per month of recyclable material generated onsite under a claim that the material qualifies for an exclusion or exemption pursuant to HSC ?25143.2. Check ?No? if the recycling facility does not recycle onsite.
503. **OFFSITE RECYCLING** - Check ?Yes? if the recycling facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion, or exemption pursuant to HSC ?25143.2, and that material was received from one or more offsite locations. Check ?No? if the recycling facility does not recycle material generated offsite.
504. **OFFSITE GENERATOR NAME** - If the generator is different from the recycler, enter the name of the person that generated the recyclable material. Complete a separate report for each generator.
505. **OFFSITE GENERATOR EPA ID NUMBER** - Enter the generator's 12-character U.S. Environmental Protection Agency (EPA) identification number. If the generator needs but does not yet have an identification number, the owner or operator can contact the Telephone Information Center at (916) 324-1781.

| | |
|---|--|
| 506. OFFSITE GENERATOR STREET ADDRESS 507. OFFSITE GENERATOR PHONE NUMBER 508. OFFSITE GENERATOR CITY 509. OFFSITE GENERATOR STATE 510. OFFSITE GENERATOR ZIP CODE | Complete items 506 – 510 for each generator of recyclable material. |
|---|--|

| | |
|--|--|
| 511. OFFSITE GENERATOR MAILING ADDRESS 512. CITY FOR MAILING ADDRESS 513. STATE FOR MAILING ADDRESS 514. ZIP CODE FOR MAILING ADDRESS | Complete items 511 – 514 if the mailing address for the offsite generator is different from the street address. |
|--|--|

SIGNATURE OF CERTIFIER - The business owner/operator of the recycling facility shall sign in the space provided.

This signature certifies that the signer believes that the information submitted is true, accurate, and complete.

515. **DATE CERTIFIED** - Enter the date that the certification was signed.
516. **NAME OF DOCUMENT PREPARER** - Enter the name of the person who prepared the report.
517. **CERTIFIER NAME** - Enter the full printed name of the certifier.
518. **CERTIFIER TITLE** - Enter the title of the person signing the report.

**STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
RECYCLABLE MATERIALS REPORT – PAGE 2
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

(one description per material recycled, attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS 519 Page ____ of ____

| | | | | |
|--------------|--|---|--|---|
| FACILITY ID# | | 1 | BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) | 3 |
|--------------|--|---|--|---|

**IV. RECYCLABLE MATERIAL INFORMATION
A. DESCRIPTION**

| | | | |
|---|---|--|---|
| RECYCLABLE MATERIAL NUMBER 520 | COMMON NAME OF RECYCLABLE MATERIAL 521 | QUANTITY DURING TWO YEAR REPORTING PERIOD 522 | UNITS <input type="checkbox"/> a. Gallons <input type="checkbox"/> c. Tons <input type="checkbox"/> b. Pounds <input type="checkbox"/> d. Kilograms 523 |
|---|---|--|---|

| |
|--|
| RECYCLABLE MATERIAL DESCRIPTION 524 |
|--|

| |
|--|
| RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL 525 |
|--|

| | |
|---|---|
| AUTHORIZING PROVISION OF HSC SECTION 25143.2 526 | BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION 527 |
|---|---|

B. PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY

Only complete if recyclable material was used to make or substitute for a product and operating pursuant to HSC Section 25143.2(b) or (d)(5) or (6).

| HAZARDOUS CONSTITUENT 528 | HAZARDOUS CONSTITUENT | | LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S) 533 |
|--|---|---|--|
| | In Recyclable Material 529 | In Final Product 531 | |
| | UNITS 530 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 532 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| | UNITS 535 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 537 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| | UNITS 536 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 538 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| | UNITS 541 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 543 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| | UNITS 542 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 544 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| | UNITS 547 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 549 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| | UNITS 548 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 550 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |

If more than four constituents are recycled, attach additional sheets using this same format.

V. DOCUMENTATION OF KNOWN MARKET (Offsite recyclers only)

| | |
|---|-----|
| <input type="checkbox"/> DOCUMENTATION IS ATTACHED: Offsite recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable materials and provide copy of this report to the generator when the report is submitted to the CUPA. (HSC Section 25143.10(a)(3)(A)) | 552 |
|---|-----|

Recyclable Materials Biennial Report Page 2

Complete a **separate** Page 2 of the Report for each recyclable material.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

519. TOTAL NUMBER OF RECYCLABLE MATERIALS - Enter the total number of recyclable materials which will be described in this report. Complete a separate Report Page 2 for each recyclable material and verify that the number of pages is the same as the total number listed here.
520. RECYCLABLE MATERIAL NUMBER - Enter the unique identification number of the recyclable material that is described on this page. The recyclable materials can be numbered sequentially, or by any other system as long as the numbers are not repeated or duplicated.
521. COMMON NAME (RECYCLABLE MATERIAL) - Enter the common name of the material recycled. This is the same as item 207, the Common Name on the Hazardous Materials Inventory - Chemical Description page.
522. QUANTITY DURING TWO YEAR REPORTING PERIOD - Enter the total quantity of this recyclable material recycled during the two-year reporting period. Round to nearest decimal. In this case, 1.4 tons = 1 ton reported.
523. UNITS - Enter the unit of measure for the quantity reported in item 522.
524. RECYCLABLE MATERIAL DESCRIPTION - Describe the recyclable material that was used in the recycling process, if not described in item 521, COMMON NAME.
525. RECYCLABLE MATERIAL PROCESS DESCRIPTION - Describe the recycling process and, if the recyclable material was used to provide a product, or was used as a substitute for a product, describe the beneficial use of the recyclable material.
526. AUTHORIZING PROVISION OF HSC SECTION 25143.2 - Enter the subdivision(s), and subparagraph(s) (if applicable) of HSC ?25143.2 that served as the basis for the claim to exemption or exclusion. For example: HSC ?25143.2(d)(2)(C).
527. BASIS FOR CLAIM TO EXCLUSION OR EXEMPTION - Explain the basis for the claim to an exclusion or exemption.
528. HAZARDOUS CONSTITUENT 1-4 - Describe up to four hazardous constituents of the recyclable material (use common name, if appropriate). If more than four constituents of the recyclable material are recycled, attach additional sheets using the same format as on the UPCF. (Report for constituents 2 through 4 in 534, 540, and 546.)
529. CONCENTRATION RECYCLABLE MATERIAL 1-4 - Enter the concentrations of up to four hazardous constituents of the recyclable material as a decimal number. (Report for constituents 2 through 4 in 535, 541, and 547.)
530. UNITS RECYCLABLE MATERIAL 1-4 - Enter the unit of measure of the concentration that is most appropriate, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 536, 542, and 548.)
531. CONCENTRATION FINAL PRODUCT 1-4 - Enter the concentrations in the final product of up to four hazardous constituents of the recyclable material as a decimal number. (Report for constituents 2 through 4 in 537, 543, and 549.)
532. UNITS FINAL PRODUCT 1-4 - Enter the unit of measure of the concentration in the final product, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 538, 544, and 550.)
533. FINAL PRODUCT/USES FOR CONSTITUENT 1-4 - Describe the final product(s) that resulted from the recycling process and how each product was beneficially used. (Report for constituents 2 through 4 in 539, 545, and 551.)
552. DOCUMENTATION - For offsite recyclers, check the box to indicate that documentation of known market is provided. Documentation is required pursuant to HSC ?25143.10(a)(3)(A) to show that there was a known market for disposition of the recyclable material and any products manufactured from it.

| | | |
|----------------------------|---------------------|-------------------------------|
| SIGNATURE OF CERTIFIER | DATE 515 | NAME OF DOCUMENT PREPARER 516 |
| NAME OF SIGNER (print) 517 | TITLE OF SIGNER 518 | |

Recyclable Materials Biennial Report Page 1

Complete this report if you recycle more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion or exemption pursuant to HSC ?25143.2. Facilities that recycle at the same location at which the material was generated (onsite recyclers) and facilities that recycle materials generated at an offsite location (offsite recyclers) must complete a report. Persons who send materials to another location to be recycled, and who do not recycle material onsite under a claim to an exclusion or exemption provided in HSC ? 25143.2, need not complete a report.

Offsite recyclers must complete one report for **each** generator from whom they receive recyclable materials. Complete a **separate** Page 2 of the Report for **each** recyclable material. When this report is submitted, provide a copy of the completed report to the generator of the material recycled.

Refer to HSC ?25143.10 for reporting requirements for recyclers.

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Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. 1. **FACILITY ID NUMBER** - Leave this blank. This number is assigned by Stanislaus County This is the unique number that identifies your facility.
2. 2. **EPA ID NUMBER** - Enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters ?CA?. If you do not have a number contact the DTSC Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. 3. **BUSINESS NAME** - Enter the full legal name of the business.
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report is for two calendar years and is due on July 1 of every even-numbered year. 501. **ENDING DATE OF REPORTING PERIOD** - Enter the ending date of the reporting period for this report. 502. **ONSITE RECYCLING** - Check ?Yes? if the recycling facility recycles more than 100 kilograms per month of

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503. **OFFSITE RECYCLING** - Check ?Yes? if the recycling facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion, or exemption pursuant to HSC ?25143.2, and that material was received from one or more offsite locations. Check ?No? if the recycling facility does not recycle material generated offsite.

504. **OFFSITE GENERATOR NAME** - If the generator is different from the recycler, enter the name of the person that generated the recyclable material. Complete a separate

report for each generator.

505. **OFFSITE GENERATOR EPA ID NUMBER** - Enter the generators 12-character U.S. Environmental Protection Agency (EPA) identification number. If the generator needs but does not yet have an identification number, the owner or operator can contact the Telephone Information Center at (916) 324-1781.

| | |
|---|--|
| 506. OFFSITE GENERATOR STREET ADDRESS 507. OFFSITE GENERATOR PHONE NUMBER 508. OFFSITE GENERATOR CITY 509. OFFSITE GENERATOR STATE 510. OFFSITE GENERATOR ZIP CODE | Complete items 506 – 510 for each generator of recyclable material. |
| 511. OFFSITE GENERATOR MAILING ADDRESS 512. CITY FOR MAILING ADDRESS 513. STATE FOR MAILING ADDRESS 514. ZIP CODE FOR MAILING ADDRESS | Complete items 511 – 514 if the mailing address for the offsite generator is different from the street address. |

SIGNATURE OF CERTIFIER - The business owner/operator of the recycling facility shall sign in the space provided.

This signature certifies that the signer believes that the information submitted is true, accurate, and complete. 515. **DATE CERTIFIED** - Enter the date that the certification was signed. 516. **NAME OF DOCUMENT PREPARER** - Enter the name of the person who prepared the report. 517. **CERTIFIER NAME** - Enter the full printed name of the certifier. 518. **CERTIFIER TITLE** - Enter the title of the person signing the report.

**STANISLAUS COUNTY CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
RECYCLABLE MATERIALS REPORT – PAGE 2
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

(one description per material recycled, attach additional pages, Page _____)

TOTAL NUMBER OF RECYCLABLE MATERIALS 519

| | | |
|--------------|---|--|
| FACILITY ID# | 1 | BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) |
|--------------|---|--|

**IV. RECYCLABLE MATERIAL INFORMATION
A. DESCRIPTION**

| | | | |
|--------------------------------|--|---|--|
| RECYCLABLE MATERIAL NUMBER 520 | COMMON NAME OF RECYCLABLE MATERIAL 521 | QUANTITY DURING TWO YEAR REPORTING PERIOD 522 | UNITS <input type="checkbox"/> a. Gallons <input type="checkbox"/> c. Tons <input type="checkbox"/> b. Pounds <input type="checkbox"/> d. Kilograms |
|--------------------------------|--|---|--|

RECYCLABLE MATERIAL DESCRIPTION

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL

| | |
|--|--|
| AUTHORIZING PROVISION OF HSC SECTION 25143.2 526 | BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION |
|--|--|

B. PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY

Only complete if recyclable material was used to make or substitute for a product and operating pursuant to HSC Section 25143.2(b) or (d)(5) or (6).

| HAZARDOUS CONSTITUENT | HAZARDOUS CONSTITUENT | | LIST FINAL PRODUCT(S) MADE FROM RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S) |
|-----------------------|--|--|--|
| | In Recyclable Material | In Final Product | |
| 528 | 529 | 531 | |
| | UNITS 530 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 532 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| 534 | 535 | 537 | |
| | UNITS 536 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 538 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| 540 | 541 | 543 | |
| | UNITS 542 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 544 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |
| 546 | 547 | 549 | |
| | UNITS 548 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | UNITS 550 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm | |

If more than four constituents are recycled, attach additional sheets using this same format.

V. DOCUMENTATION OF KNOWN MARKET (Offsite recyclers only)

DOCUMENTATION IS ATTACHED: Offsite recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable materials and provide copy of this report to the generator when the report is submitted to the CUPA. (HSC Section 25143.10(a)(3)(A))

Recyclable Materials Biennial Report Page 2

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