



# Hazardous Waste License Management Plan

Commercial Hazardous Waste Form 2 • June 2008

**Return to:** Hennepin County Environmental Services  
 417 N. 5th Street, Suite 200  
 Minneapolis, MN 55401-3206  
 (P) 612-348-3777 (F) 612-348-8532

**Operation ID:** \_\_\_\_\_

**Generator Operation Name:** \_\_\_\_\_

COLUMN 1	COLUMN 2
<b>A. Waste Name:</b>	<b>A. WASTE NAME:</b>
<b>B. Four-Digit Hazardous Waste Code(s):</b>	<b>B. Four-Digit Hazardous Waste Code(s):</b>
<b>C. Year Waste First Produced:</b>	<b>C. Year Waste First Produced:</b>
<b>D. Treatment or Shipment Frequency:</b> _____ times per _____ year(s)	<b>D. Treatment or Shipment Frequency:</b> _____ times per _____ year(s)
<b>E. Source or Process of Generation:</b>	<b>E. Source or Process of Generation:</b>
<b>F. Physical State (select one):</b> Aqueous liquid   Organic liquid   Aqueous sludge   Organic sludge   Inorganic solid Organic solid   Heterogeneous mixture   Multi-phase liquid	<b>F. Physical State (select one):</b> Aqueous liquid   Organic liquid   Aqueous sludge   Organic sludge   Inorganic solid Organic solid   Heterogeneous mixture   Multi-phase liquid
<b>G. On-Site Management (select one):</b> Stored for shipment   Mixed with other wastes   Wastewater treatment   Sewered without treatment Recycled for beneficial use   Burned as fuel   Other chemical treatment: _____	<b>G. On-Site Management (select one):</b> Stored for shipment   Mixed with other wastes   Wastewater treatment   Sewered without treatment Recycled for beneficial use   Burned as fuel   Other chemical treatment: _____
<b>H. Type of Storage Container(s):</b> Drum   Pail   Bottle   Box   Original container Underground tank   Above ground tank   Other: _____	<b>H. Type of Storage Container(s):</b> Drum   Pail   Bottle   Box   Original container Underground tank   Above ground tank   Other: _____
<small>Office Use Only</small>	<small>Office Use Only</small>
<b>I. On-site Storage Location:</b> Indoors   Outdoors   AST   UST   N/A	<b>I. On-site Storage Location:</b> Indoors   Outdoors   AST   UST   N/A
<b>J. Amount Per Year and Unit of Measure:</b>	<b>J. Amount Per Year and Unit of Measure:</b>
<small>Office Use Only</small>	<small>Office Use Only</small>
<b>K. Disposal Facility Management Method:</b> Burn as fuel   Recycle   Incinerate Neutralize   Chemical fixation   Wastewater treatment   Land disposal Other: _____	<b>K. Disposal Facility Management Method:</b> Burn as fuel   Recycle   Incinerate Neutralize   Chemical fixation   Wastewater treatment   Land disposal Other: _____
<small>Office Use Only</small>	<small>Office Use Only</small>
<b>L. Transporter Name:</b>	<b>L. Transporter Name:</b>
<b>M. Transporter ID Number:</b>	<b>M. Transporter ID Number:</b>
<b>N. Disposer Name:</b>	<b>N. Disposer Name:</b>
<b>O. Disposer ID Number:</b>	<b>O. Disposer ID Number:</b>

**Office Use Only:**

Inventory ID:	Inventory ID:
Data Entry & Initials:	Data Entry & Initials:
Waste Inactive Date:	Waste Inactive Date:

**Office Use Only:**

COLUMN 3		COLUMN 4	
<b>A. Waste Name:</b>		<b>A. Waste Name:</b>	
<b>B. Four-Digit Hazardous Waste Code(s):</b>		<b>B. Four-Digit Hazardous Waste Code(s):</b>	
<b>C. Year Waste First Produced:</b>		<b>C. Year Waste First Produced:</b>	
<b>D. Treatment or Shipment Frequency:</b> _____ times per _____ year(s)		<b>D. Treatment or Shipment Frequency:</b> _____ times per _____ year(s)	
<b>E. Source or Process of Generation:</b>		<b>E. Source or Process of Generation:</b>	
<b>F. Physical State (select one):</b> Aqueous liquid   Organic liquid   Aqueous sludge   Organic sludge   Inorganic solid Organic solid   Heterogeneous mixture   Multi-phase liquid		<b>F. Physical State (select one):</b> Aqueous liquid   Organic liquid   Aqueous sludge   Organic sludge   Inorganic solid Organic solid   Heterogeneous mixture   Multi-phase liquid	
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<b>I. On-site Storage Location:</b> Indoors   Outdoors   AST   UST   N/A		<b>I. On-site Storage Location:</b> Indoors   Outdoors   AST   UST   N/A	
<b>J. Amount Per Year and Unit of Measure:</b>		<b>J. Amount Per Year and Unit of Measure:</b>	
<b>K. Disposal Facility Management Method:</b> Burn as fuel   Recycle   Incinerate Neutralize   Chemical fixation   Wastewater treatment   Land disposal Other: _____		<b>K. Disposal Facility Management Method:</b> Burn as fuel   Recycle   Incinerate Neutralize   Chemical fixation   Wastewater treatment   Land disposal Other: _____	
<b>L. Transporter Name:</b>		<b>L. Transporter Name:</b>	
<b>M. Transporter ID Number:</b>		<b>M. Transporter ID Number:</b>	
<b>N. Disposer Name:</b>		<b>N. Disposer Name:</b>	
<b>O. Disposer ID Number:</b>		<b>O. Disposer ID Number:</b>	
<b>Office Use Only:</b>		<b>Office Use Only:</b>	
Inventory ID:		Inventory ID:	
Data Entry & Initials:		Data Entry & Initials:	
Waste Inactive Date:		Waste Inactive Date:	

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.

\_\_\_\_\_  
Name and Date

\_\_\_\_\_  
Job Title

**Questions:** Our technical staff is available to answer your questions on hazardous waste management. Call 612-348-3777 and ask for the Environmentalist-On-Call, or for additional information, resources and the Hazardous Waste License Management Plan Instructions visit: [www.hennepin.us/hwgenerators](http://www.hennepin.us/hwgenerators).



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