

# Hazardous Waste Minimal Generator License Application— Form 1A

HENNEPIN COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES

417 North 5TH Street, Suite 200 • Minneapolis, MN 55401-1397 • (612) 348-3777 • FAX (612) 348-8532

Please print or type all information, keep a photocopy of the completed form for your records, and send the completed original to the Hennepin County Department of Environmental Services at 417 North Fifth Street, Minneapolis, MN 55401-1397.

## A. GENERAL INFORMATION

Company Site Name \_\_\_\_\_  
Principal Products or Services \_\_\_\_\_ SIC Code \_\_\_\_\_  
\_\_\_\_\_ NAICS Code \_\_\_\_\_

EPA ID Number [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] or date applied for [ ] - [ ] - [ ]

### Generator Location Address:

Street \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

### Generator Mailing Address (if different):

Street \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

### Company Contact:

Name \_\_\_\_\_  
Title \_\_\_\_\_

### Telephone Numbers:

Business \_\_\_\_\_  
Emergency \_\_\_\_\_

## B. HAZARDOUS WASTE - all hazardous wastes that you generate at this location.

<u>WASTE NAME</u> <u>CODE</u>	<u>HW CODE</u>	<u>WASTE NAME</u>	<u>HW</u>
1. <input type="checkbox"/> Antifreeze Filters.....	None	17. <input type="checkbox"/> Machining Coolant.....	M100
2. <input type="checkbox"/> Antifreeze.....	None	18. <input type="checkbox"/> Mercury (Other Items).....	D009
3. <input type="checkbox"/> Aqueous Parts Washer Filters/Sludge.....	D008	19. <input type="checkbox"/> Mercury Switches.....	D009
4. <input type="checkbox"/> Aqueous Parts Washer Solutions.....	D008	20. <input type="checkbox"/> Oil Contaminated Materials.....	M100
5. <input type="checkbox"/> Batteries-Lead-Acid.....	D008	21. <input type="checkbox"/> Oil Filters.....	M100
6. <input type="checkbox"/> Batteries-Lithium.....	D003	22. <input type="checkbox"/> Oil.....	M100
7. <input type="checkbox"/> Batteries-Mercury.....	D009	23. <input type="checkbox"/> Paint/Paint Thinner (<10 gal/yr).....	F003/F005
8. <input type="checkbox"/> Batteries-Nickel-Cadmium.....	D006	24. <input type="checkbox"/> PCB Ballasts.....	MN03
9. <input type="checkbox"/> Batteries-Silver.....	D011	25. <input type="checkbox"/> Pet. Dist. Parts Washer Filters (<10 gal/yr).....	D008
10. <input type="checkbox"/> Cathode Ray Tubes.....	D008	26. <input type="checkbox"/> Pet. Dist. Parts Washer Solvent (<10 gal/yr).....	D001
11. <input type="checkbox"/> Dental Amalgam.....	D009	27. <input type="checkbox"/> Photo/X-ray fixer.....	D011
12. <input type="checkbox"/> Dental Chairside Trap Filters.....	D009	28. <input type="checkbox"/> Printed Circuit Boards.....	D008
13. <input type="checkbox"/> Mercury (Elemental).....	D009	29. <input type="checkbox"/> Thermostats w/MercurySwitches.....	D009
14. <input type="checkbox"/> Film/Negatives.....	D011	<b>Other wastes not listed:</b>	
15. <input type="checkbox"/> Fluorescent Lamps.....	D009	30. <input type="checkbox"/> _____	
16. <input type="checkbox"/> Lead Foil.....	D008	31. <input type="checkbox"/> _____	
<input type="checkbox"/> Check here if Form 1B is attached		32. <input type="checkbox"/> _____	

**C. HAZARDOUS WASTE MANAGEMENT PLANS** -Fill out one section for each waste  in Part B

Waste Name \_\_\_\_\_ H.W. Code \_\_\_\_\_ Amount Per Year \_\_\_\_\_  
Storage Container \_\_\_\_\_ Stored:  Indoors or  Outdoors  
Waste is:  stored for shipment  recycled  neutralized  ion exchange  wastewater treatment  other \_\_\_\_\_  
**Transporter:** \_\_\_\_\_ City: \_\_\_\_\_ EPA #: \_\_\_\_\_  
**Disposer:** \_\_\_\_\_ City: \_\_\_\_\_ EPA #: \_\_\_\_\_

**For Office Use Only:**

053 \_\_\_\_\_ 6 Digit \_\_\_\_\_ Billing \_\_\_\_\_ Container \_\_\_\_\_ Disp Proc \_\_\_\_\_  
Transporter ID \_\_\_\_\_ Disposer ID \_\_\_\_\_

Waste Name \_\_\_\_\_ H.W. Code \_\_\_\_\_ Amount Per Year \_\_\_\_\_  
Storage Container \_\_\_\_\_ Stored:  Indoors or  Outdoors  
Waste is:  stored for shipment  recycled  neutralized  ion exchange  wastewater treatment  other \_\_\_\_\_  
**Transporter:** \_\_\_\_\_ City: \_\_\_\_\_ EPA #: \_\_\_\_\_  
**Disposer:** \_\_\_\_\_ City: \_\_\_\_\_ EPA #: \_\_\_\_\_

**For Office Use Only:**

053 \_\_\_\_\_ 6 Digit \_\_\_\_\_ Billing \_\_\_\_\_ Container \_\_\_\_\_ Disp Proc \_\_\_\_\_  
Transporter ID \_\_\_\_\_ Disposer ID \_\_\_\_\_

Waste Name \_\_\_\_\_ H.W. Code \_\_\_\_\_ Amount Per Year \_\_\_\_\_  
Storage Container \_\_\_\_\_ Stored:  Indoors or  Outdoors  
Waste is:  stored for shipment  recycled  neutralized  ion exchange  wastewater treatment  other \_\_\_\_\_  
**Transporter:** \_\_\_\_\_ City: \_\_\_\_\_ EPA #: \_\_\_\_\_  
**Disposer:** \_\_\_\_\_ City: \_\_\_\_\_ EPA #: \_\_\_\_\_

**For Office Use Only:**

053 \_\_\_\_\_ 6 Digit \_\_\_\_\_ Billing \_\_\_\_\_ Container \_\_\_\_\_ Disp Proc \_\_\_\_\_  
Transporter ID \_\_\_\_\_ Disposer ID \_\_\_\_\_

Waste Name \_\_\_\_\_ H.W. Code \_\_\_\_\_ Amount Per Year \_\_\_\_\_  
Storage Container \_\_\_\_\_ Stored:  Indoors or  Outdoors  
Waste is:  stored for shipment  recycled  neutralized  ion exchange  wastewater treatment  other \_\_\_\_\_  
**Transporter:** \_\_\_\_\_ City: \_\_\_\_\_ EPA #: \_\_\_\_\_  
**Disposer:** \_\_\_\_\_ City: \_\_\_\_\_ EPA #: \_\_\_\_\_

**For Office Use Only:**

053 \_\_\_\_\_ 6 Digit \_\_\_\_\_ Billing \_\_\_\_\_ Container \_\_\_\_\_ Disp Proc \_\_\_\_\_  
Transporter ID \_\_\_\_\_ Disposer ID \_\_\_\_\_

**D. CERTIFICATION**

*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 fine and imprisonment.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print or type)

\_\_\_\_\_  
Title