

Hazardous Waste Minimal Generator License Application— Form 1B

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.

Company Site Name _____ Address _____

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 Code _____ Billing Code _____ Container Type _____ Disposal Procedure _____

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 Code _____ Billing Code _____ Container Type _____ Disposal Procedure _____

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 Code _____ Billing Code _____ Container Type _____ Disposal Procedure _____

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 Code _____ Billing Code _____ Container Type _____ Disposal Procedure _____

Transporter ID _____ Disposer ID _____

SIGN THE COMPLETED FORM (OVER)

HAZARDOUS WASTE MINIMAL GENERATOR LICENSE APPLICATION – FORM 1B (continued) -Fill out one section for each waste

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 Code _____ Billing Code _____ Container Type _____ Disposal Procedure _____
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 Code _____ Billing Code _____ Container Type _____ Disposal Procedure _____
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 Code _____ Billing Code _____ Container Type _____ Disposal Procedure _____
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 Code _____ Billing Code _____ Container Type _____ Disposal Procedure _____
Transporter ID _____ Disposer ID _____

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

Signature

Date

Name (Printed)

Title