### Hazardous Waste License Management Plan

**Commercial Hazardous Waste Form 2 • October 2011**

**Return to:**
Hennepin County Environmental Services  
701 Fourth Avenue South, Suite 700  
Minneapolis, MN 55415-1842  
(P) 612-348-3777  
(F) 612-348-8532

**Operation ID:** ____________________________

**Generator Operation Name:** ____________________________

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

**Office Use Only:**
**Inventory ID:**
**Data Entry & Initials:**
**Waste Inactive Date:**
### A. Waste Name:

### B. Four-Digit Hazardous Waste Code(s):

### C. Year Waste First Produced:

### D. Treatment or Shipment Frequency:

______ times per ______ year(s)

### E. Source or Process of Generation:

### F. Physical State (select one):

Aqueous liquid  Organic liquid  Aqueous sludge  Organic sludge  Inorganic solid
Organic solid  Heterogeneous mixture  Multi-phase liquid

### G. On-Site Management (select one):

Stored for shipment  Mixed with other wastes  Wastewater treatment  Sewered without treatment
Recycled for beneficial use  Burned as fuel  Other chemical treatment:

### H. Type of Storage Container(s):

Drum  Pail  Bottle  Box  Original container
Underground tank  Above ground tank  Other:  __________________________________

### I. On-site Storage Location:

Indoors  Outdoors  AST  UST  N/A

### J. Amount Per Year and Unit of Measure:

### K. Disposal Facility Management Method:

Burn as fuel  Recycle  Incinerate
Neutralize  Chemical fixation  Wastewater treatment  Land disposal
Other:  __________________________________

### L. Transporter Name:

### M. Transporter ID Number:

### N. Disposer Name:

### O. Disposer ID Number:

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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  ______________________

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**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).