



HAZARDOUS WASTE GENERATOR LICENSE APPLICATION



Carver County
Environmental Services
600 East Fourth Street
Chaska, Minnesota 55318-2158
PHONE: (952)361-1800, 1-(800)535-7570
FAX: (952)361-1828

A. GENERAL INFORMATION – Please Type or Print				
US EPA ID#			or date applied for:	
M	N			
Generator Name (include Division Name if applicable)				
Generator Site Address			City	State ZIP
Generator Mailing Address			City	State ZIP
Primary Contact		Title	Business Phone	Emergency Phone
Alternate or Mailing Contact		Title	Phone	

B. NON-HAZARDOUS WASTE(S) – List all non-hazardous waste produced at this site. Carver County Environmental Services may require the information or method by which you evaluated these wastes. Attach additional sheets, if necessary.			
Waste Inventory #	Waste Name or Description Of Nonhazardous Waste	Amount/ Year	Transporter or Management Method
NO 1			
NO 2			
NO 3			
NO 4			

C. OIL AND OIL CONTAMINATED WASTE(S) – List all used oil, used oil filters, and other wastes contaminated with used oil produced at this site. Use additional sheets if necessary.					
Waste Inventory #	Waste Name or Description of Oil Waste	Amount/ Year	Recycled Yes/No	Transporter or Management Method	Storage
001					
002					
003					

FOR COUNTY USE ONLY	ACTIVITY	SIZE	SIC CODE	TOWNSHIP/RANGE/SECTION	PARCEL ID NO.
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D. HAZARDOUS WASTES: Using one column per waste, fill in, on the chart below, the applicable information for each hazardous waste produced at this site. Include and attach Material Safety Data Sheets (MSDS), laboratory results or additional information as required. If you have questions, call Carver County Environmental Services at (952) 361-1800 or 1(800)535-7570.

1. Inventory #					
2. Hazardous Waste Name/Description					
3. Hazardous Waste Process/Activity/Physical State					
4. Four-digit hazardous waste code(s)					
5. Amount per year					
6. Year Waste Was First Generated					
7. Is waste mixed? (If Yes, give Inv #)					
8. Mgmt on/off-site? If on-site, skip to 17)					
9. Storage Described					
10. Number of shipments/Year					
11. Transporter Name					
12. Transporter ID Number					
13. Transfer, Storage Disposal (TSD) Facility Name					
14. TSD Facility Address					
15. TSD Facility ID Number					
16. TSD Facility Waste Management Method					
17. On-Site Treatment Method					
18. Sewer Treatment Works					
19. Discharge Permit Number					

E. 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 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.
- I am aware that hazardous wastes generated by my company must be removed by a licensed hazardous waste transporter and managed by a permitted treatment, storage and/or disposal facility prior to moving or going out of business unless otherwise approved by the County.
- I hereby apply for a Carver County Hazardous Waste Generator License subject to all conditions and provisions of Minn. Rules Part 7045 and the Carver County Hazardous Waste Management Ordinance.

Signature: _____ Title: _____

Date: _____