

HAZARDOUS WASTE GENERATOR LICENSE APPLICATION



Scott County Community Development Division
 Environmental Health Department
 200 Fourth Avenue West
 Shakopee MN 55379
 Phone: (952) 496-8477
 Fax: (952) 496-8496

A. GENERAL INFORMATION - Please Type or Print															
U.S. EPA #										or date applied for		Principal Product or Service			
M	N											/ /			
Generator Name (include Division Name if applicable)															
Generator Site Address								City		State MN		Zip Code			
Generator Mailing Address															
Generator Billing Address															
Primary Contact						Title			Business phone # (ext.)			Emergency phone #			
									- -			- -			
Primary Contact Email Address								Cell phone #				Fax #			
								- -				- -			
Alternate or Mailing Contact						Title			Business phone # (ext.)			Emergency phone #			
									- -			- -			

B. NON – HAZARDOUS WASTE(S) - List all nonhazardous wastes produced at this site. The Environmental Health Department 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
N1			
N2			
N3			

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 of Management Method	Storage Container
O1					
O2					
O3					

FOR COUNTY USE ONLY ACTIVITY SIZE SIC CODE TOWNSHIP/RANGE/SECTION PARCEL ID NO.

GEN NO:

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 Scott County Environmental Health at (952) 496-8477.

1. Inventory #				
2. Hazardous Waste Name/Description				
3. Haz Waste Process/ Activity/Physical State				
4. 4-Digit Hazardous Waste Code(s)				
5. Amount of Waste Generated per Year				
6. Year Waste was First Generated				
7. Is Waste mixed? (If yes, give Inv#)				
8. Management on/off site? If onsite, skip to 17				
9. What is the Waste Stored in?				
10. Waste Stored Inside/ Outside? Satellite?				
11. # of Shipments/Year				
12. Transporter Name				
13. Transporter ID#				
14. Transfer, Storage, Disposal (TSD) Fac.				
15. TSD Facility Address				
16. TSD Facility ID #				
17. TSD Facility Waste Management Method				
18. Onsite Treatment Method				
19. Sewer Treatment Works (POTW)				
20. Discharge Permit #				

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 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.
- ◆ 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 Scott County Hazardous Waste Generator License subject to all conditions and provisions of Minn. Rules Chapter 7045 and the Scott County Hazardous Waste Management Ordinance.

Print Your Name: _____ Title: _____

Sign Your Name: _____ Date: _____

DISCLOSURE/CONTINUATION SHEET: HAZARDOUS WASTE GENERATOR LICENSE APPLICATION



Scott County Community Development Division
 Environmental Health Department
 200 Fourth Avenue West, A104
 Shakopee MN 55379
 Phone: (952) 496-8477
 Fax: (952) 496-8496

Generator Name (include Division Name if applicable)											
U.S. EPA #										or date applied for	
M	N										/ /

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(Please sign the reverse side)

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- ◆ 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.
- ◆ (For management plan changes to an existing license) I hereby apply to amend my Scott County Hazardous Waste Generator License with the above additions or changes to my license subject to all conditions and provisions of Minn. Rules Chapter 7045 and the Scott County Hazardous Waste Management Ordinance.

Print Your Name: _____ Title: _____

Sign Your Name: _____ Date: _____