

Management Plan: Instructions

1. Complete a column for each [hazardous waste](#), [used oil and related waste](#) and [universal waste](#).
2. Use additional forms as needed.
3. **Waste name:** Common examples include *used oil, used oil filters, used oil sorbents, used fluorescent lamps, lead acid batteries, parts washer solvent, aerosols, lab pack, hydrochloric acid, oil-based paint, paint thinner*.
4. **4-digit hazardous waste code(s):** Hazardous waste codes help describe what a waste contains and/or its hazardous characteristics. [Learn more](#)
5. **Month and year waste first produced:** When did you first produce the waste?
6. **Physical state:** As it exists in waste form.
7. **Source or process of generation:** How is the waste generated?
8. **Amount produced in previous calendar year:** Did you generate the waste at this location in the previous calendar year? If so, estimate the amount you generated. If not, enter “zero”.
9. **Anticipated amount produced in one-year period:** Okay to estimate this number.
10. **Management method:** What do you do with the waste onsite?
11. **Transporter name:** Who picks up (or will pick up) the waste?
12. **Transporter ID number:** List their hazardous waste ID.
13. **Designated facility name:** What is the final destination for your waste?
14. **Designated facility ID number:** List their hazardous waste ID.
15. **Designated facility management method:** What happens to your waste once it gets to its destination?

Management Plan

Generator (Business) Name:		
	Column 1 H E N	Column 2 H E N
Waste name		
4-digit hazardous waste code(s)		
Month and year waste first produced		
Physical state	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge
Source or process of generation		
Amount produced in previous calendar year (gallons or pounds)		
Anticipated amount produced in one-year period (gallons or pounds)		
Onsite Management		
Management method	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other
Off-site Management		
Transporter name		
Transporter ID number		
Designated facility name		
Designated facility ID number		
Designated facility management method	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other

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Certification

I certify under penalty of the law I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately 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. I hereby apply for a Ramsey County License subject to all relevant conditions and provisions of the Ramsey County Administrative Ordinance and the Ramsey County Food Protection, Lodging, Manufactured Home Parks & Recreational Camping Areas, Public Swimming Pool, Youth Camp, Hazardous Waste Management or Solid Waste Ordinance as applicable.

Applicant's Name:	Applicant's Title:
Applicant's Signature:	Date: