

MANAGEMENT PLAN

Complete a column for each [hazardous waste](#), including [used oil and related waste](#), and [universal waste](#). Additional forms - [Management Plan](#)

Generator Name (Business Name):
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	Column 1	Column 2
(COUNTY USE ONLY)	H E N	H E N
Waste Name		
4-Digit Hazardous Waste Code(s)		
Month/Year Waste First Produced		
Physical State (Check One)	<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 the Previous Calendar Year		
Estimated Amount of Waste to be Produced in a One-Year Period		
On-Site Management		
Management Method (Check One)	<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 (Check One)	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Incineration <input type="checkbox"/> Recycle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Incineration <input type="checkbox"/> Recycle <input type="checkbox"/> Other: _____

MANAGEMENT PLAN

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Generator Name (Business Name):
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	Column 3	Column 4
(COUNTY USE ONLY)	H E N	H E N
Waste Name		
4-Digit Hazardous Waste Code(s)		
Month/Year Waste First Produced		
Physical State (Check One)	<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 the Previous Calendar Year		
Estimated Amount of Waste to be Produced in a One-Year Period		
On-Site Management		
Management Method (Check One)	<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 (Check One)	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Incineration <input type="checkbox"/> Recycle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Incineration <input type="checkbox"/> Recycle <input type="checkbox"/> Other: _____