

Environmental Health Division | Hazardous Waste Program 2785 White Bear Ave., Suite 350 Maplewood MN 55109 - 1320 651-266-1199 | 651-266-1177 (fax) ramseyhazwaste@co.ramsey.mn.us

MANAGEMENT PLAN

Complete a column for each <u>hazardous waste</u>, including <u>used oil and related waste</u>, and <u>universal waste</u>. Additional forms - <u>Management Plan</u>

Generator Name/Business Name:		

	Column 1	Column 2		
(COUNTY USE ONLY)	H E N	H E N		
Waste Name				
4-digit Hazardous Waste Code(s)				
Year Waste was First Produced				
Physical State (Check One)	Solid Liquid Gas Sludge	Solid Liquid Gas Sludge		
Source or Process of Generation				
Amount per Year in Gallons or Pounds				
Aboveground or Underground Storage Tank (Check One)	Aboveground Storage Tank Underground Storage Tank	Aboveground Storage Tank Underground Storage Tank		
On-site Management				
Management Method (Check One)	Accumulate Burn as fuel Neutralize Recycle Treat/sewer Other	Accumulate Burn as fuel Neutralize Recycle Treat/sewer Other		
Off-site Management				
Transporter Name				
Transporter ID Number				
Designated Facility Name				
Designated Facility ID Number				
Designated Facility Management Method (Check One)	Burn as fuel Chemical fixation Incineration Neutralization Recycle Treat/sewer Other	Burn as fuel Chemical fixation Incineration Neutralization Recycle Treat/sewer Other		



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Generator Name/Business Name:		

	Column 3	Column 4		
(COUNTY USE ONLY)	H E N	H E N		
Waste Name				
4-digit Hazardous Waste Code(s)				
Year Waste was First Produced				
Physical State (Check One)	Solid Liquid Gas Sludge	Solid Liquid Gas Sludge		
Source or Process of Generation				
Amount per Year in Gallons or Pounds				
Aboveground or Underground Storage Tank (Check One)	Aboveground Storage Tank Underground Storage Tank	Aboveground Storage Tank Underground Storage Tank		
On-site Management				
Management Method (Check One)	Accumulate Burn as fuel Neutralize Recycle Treat/sewer Other	Accumulate Burn as fuel Neutralize Recycle Treat/sewer Other		
Off-site Management				
Transporter Name				
Transporter ID Number				
Designated Facility Name				
Designated Facility ID Number				
Designated Facility Management Method (Check One)	Burn as fuel Chemical fixation Incineration Neutralization Recycle Treat/sewer Other	Burn as fuel Chemical fixation Incineration Neutralization Recycle Treat/sewer Other		