



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Recycled Hazardous Waste Management Plan

Hazardous Waste Program

Doc Type: License Application

Metropolitan County Generators

Generators located in one of the seven metropolitan counties (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington) should contact their county hazardous waste regulatory staff for management plan reporting forms and instructions.

Non-metropolitan County Generators

Complete one copy of this form for each hazardous waste generated at your site that is:

- Eligible for use as a feedstock on or off your site.
- Eligible for reclamation as a by-product on or off your site.

Return the completed form to the Minnesota Pollution Control Agency (MPCA) either:

- Before you begin recycling the waste, at the above address, adding 'Attention: Hazardous Waste Licensing'; or
- With your first annual Hazardous Waste License Application submitted after you began recycling the waste.

More information

Call MPCA Hazardous Waste Program staff at 651-296-6300 (local) or 1-800-657-3864 (toll-free).

See MPCA hazardous waste fact sheet #2.42, [Recycling Hazardous Waste](http://www.pca.state.mn.us/publications/w-hw2-42.pdf) at <http://www.pca.state.mn.us/publications/w-hw2-42.pdf>.

For additional copies of this document: <http://www.pca.state.mn.us/publications/w-hw7-16.pdf>.

A. Recycled Waste Generator Information

EPA Identification no.: MN _____

Company name: _____

Address: _____

City: _____ State: _____ Zip code: _____ — _____ County: _____

Contact name: _____ Contact title: _____

Phone: _____ Fax: _____

E-mail address: _____

If the waste will also be used or reclaimed by the generator, check this box and skip to Section C.

Same ☐

B. Recycled Waste User Information

EPA Identification no.: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip code: _____ — _____ County: _____

Contact name: _____ Contact title: _____

Phone: _____ Fax: _____

E-mail address: _____

C. Recycled Waste Identification

Primary Hazardous Waste Code: _____

Name or description of waste: _____

D. Generation Process

Check here if generation description attached instead ☐

Describe how the waste is generated:

E. Waste Composition

Check here if analytical test results attached ☐

List all constituents of the waste by concentration or describe the waste composition and all potential contaminants:

Check here if the waste contains any contaminants **above** the Toxicity Characteristic thresholds ☐

Then list all applicable Toxicity Characteristics Waste Codes: _____

F. Waste Storage

Check here if storage description attached instead ☐

Describe how the waste is stored at the generator site:

G. Waste Transport

Check here if transport description attached instead ☐

Describe how the waste is transported to the site where it will be recycled. If you recycle the waste at the site of generation, leave this section blank.

H. Recycling Process

Select: ☐ Feedstock ☐ By-product ☐ Other

Describe in detail the complete recycling process for the waste. If you checked above that the waste contains Toxicity Characteristic contaminants above the regulatory threshold, ensure you describe how the recycling process will properly use, treat, or remove the contaminants.

If you need to continue on additional sheets or have attached the recycling process description separately, check here ☐

I. 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.

Generator

Print name: _____

Title: _____

Signature: _____

Date: _____

User

Print name: _____

Title: _____

Signature: _____

Date: _____