



Department of Public Health and Environment

14949 62<sup>nd</sup> Street, PO Box 6

Stillwater, MN 55082-0006

Telephone 651-430-6655/ Fax 651-430-6730/ TTY 651-430-6246

**Application for License to Operate a Hazardous Waste Facility**

U.S. EPA Identification Number:										Date Applied for:		Generator? (circle one):		Transporter? (circle one)	
M	N									/	/	Yes	No	Yes	No

**Type of Facility Activities (Please Circle One or More):**

Transfer Station      MPCA Permitted Storage

MPCA Permitted Processing – Treatment      MPCA Permit Exempt Treatment (Recycling/Reclamation)      HHW Base      HHW Satellite

VSQG Collection      Used Oil and Related Materials      Fluorescent Tube/HID      Special Waste      Other:

**Type of Application (Please Circle):** Proposed New Facility - anticipated startup date: \_\_\_\_\_

Existing Facility - Date existing facility began operation or changed ownership: \_\_\_\_\_

**Company Name (include division name if applicable):**

**Facility Name:**

**Site Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Facility Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant's Agent or Engineer:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Facility Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Bus. Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ownership Status** (Check ✓ one)

FEDERAL		STATE		PUBLIC		PRIVATE		OTHER -
---------	--	-------	--	--------	--	---------	--	---------

**Processes that apply to your facility:** (Check ✓)

<p><u>TREATMENT</u></p> <p><input type="checkbox"/> TANK</p> <p><input type="checkbox"/> SURFACE IMPOUNDMENT</p> <p><input type="checkbox"/> INCINERATOR</p> <p><input type="checkbox"/> WASTE WATER</p> <p><input type="checkbox"/> RECLAMATION</p> <p><input type="checkbox"/> OTHER (describe)</p> <p>_____</p>	<p><u>STORAGE</u></p> <p><input type="checkbox"/> CONTAINER</p> <p><input type="checkbox"/> TANK</p> <p><input type="checkbox"/> WASTE PILE</p> <p><input type="checkbox"/> SURFACE IMPOUNDMENT</p> <p><input type="checkbox"/> OTHER (describe)</p> <p><input type="checkbox"/> SHORT TERM TRANSFER</p> <p>_____</p>	<p><u>DISPOSAL</u></p> <p><input type="checkbox"/> INJECTION WELL</p> <p><input type="checkbox"/> LANDFILL</p> <p><input type="checkbox"/> LAND APPLICATION</p> <p><input type="checkbox"/> OCEAN DISPOSAL</p> <p><input type="checkbox"/> OTHER (describe)</p> <p>_____</p>
--	---	--

Do you receive hazardous waste from a foreign country?  YES  NO

**Waste Minimization:** Attach a page describing the efforts undertaken during the year to minimize the volume and toxicity of wastes generated on-site. Please also include any results from those minimization efforts.

**Most recent closure cost estimate:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**For disposal facilities, most recent post-closure cost estimate** (See 7045.0502 and 7045.0506 for specific rules):

\_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned, am a duly elected and/or qualified acting officer of the above named company or corporation. As such officer, I have the authority to certify the following:

I certify under penalty of law that I have personally examined and am familiar with the information in this and all attached documents submitted as a hazardous waste facility license application for the listed recycling, treatment, storage, disposal or transfer facility 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I hereby apply for a Washington County Hazardous Waste Facility License subject to all conditions and provisions of Minnesota Rules, Chapter 7045 and the Washington County Hazardous Waste Management Ordinance.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Title)

Equal Employment Opportunity/ Affirmative Action



