Minnesota Pollution Control Agency
520 Lafayette Road
St. Paul, MN 55155-4194

Permit Application for Construction and Operation

Solid Waste Permit Program

Doc Type: Permit Application

MPCA Public Notice Number: _____

Print or type application: Before submitting, make a photocopy for your records. The Minnesota Pollution Control Agency (MPCA) will review the application for completeness and provide an official response to the permittees within 30 business days of receipt of the application.

Permit Application Assembly: To expedite the processing and review of your application, **put this form at the beginning** of your submittal package. Please place all checklists directly behind this application form in order by the number found on the bottom left hand corner of each checklist. **Do not place forms and checklist in an appendix** as this makes it difficult and time consuming for staff to locate them.

Completeness instructions: Without properly completed forms, an application cannot be processed and will be determined to be incomplete. All sections of this form must be completed. If portions do not apply to this facility, please indicate so with "n/a".

The completed form is to be returned to: **Solid Waste Permit Document Coordinator**
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Facility name: _____ Permit No.: SW- _____

Application is for (check appropriately): ☐ New permit ☐ Permit reissuance
☐ Major modification ☐ Minor modification
☐ Resubmittal of 'Incomplete' application originally submitted on: _____ *(mm/dd/yyyy)*

Variance request(s) included (check appropriately): ☐ Yes ☐ No

If yes, please describe:

_____

_____

Checklists Required (Please check all that are included with this application.)

All applicable checklists must be completed and submitted with this application. The MPCA will not process an application that does not include all of the required checklists. All checklists can be found at: http://www.pca.state.mn.us/enzq8a9.

All Solid Waste Facilities
- ☐ Solid Waste Facility Application Checklist

Mixed Municipal Solid Waste (MSW) Landfill
- ☐ MSW Landfill Application Checklist

MSW Combustor Ash Landfill
- ☐ MSW Combustor Ash Landfill Application Checklist

Demolition Debris Landfill
- ☐ Demolition Debris Landfill Application Checklist

Industrial Solid Waste Landfill
- ☐ Industrial Solid Waste Landfill Application Checklist

Transfer Station
- ☐ Solid Waste Transfer Station Application Checklist

Solid Waste Compost Facility
- ☐ Solid Waste Compost Facility Application Checklist

Refuse-Derived Fuel Processing Facility
- ☐ Refuse-Derived Fuel Processing Facilities Application Checklist

I. Local Acknowledgment/Permission for

Other Solid Waste Facilities

This section is primarily meant to notify the county and local authorities of the applicant's intent so that all county and local ordinances and plans can be met. It is intended to validate that counties and local authorities were properly notified of this permit application for construction and operation. Signature by the county or local authority is not meant to imply approval.

A. County Acknowledgment/Permission (to be completed by County Solid Waste Administrator or County Zoning Administrator)

Signature: _____ Date: _____

Print name: _____ Phone: _____

Title: _____ Fax: _____

E-mail: _____

Organization: _____

Address: _____

City: _____ State: MN Zip: _____

B. Local Acknowledgment/Permission (to be completed by local building or zoning office)

Signature: _____ Date: _____

Print name: _____ Phone: _____

Title: _____ Fax: _____

E-mail: _____

Organization: _____

Address: _____

City: _____ State: MN Zip: _____

In lieu of completion of this part of the application, the applicant may submit documentation that the applicant has sent appropriate notification to the county and local authorities. Documentation must consist of copies of letters sent to the county and local authorities via certified mail, return receipt requested and copies of the signed return receipt.

Solid Waste Transfer Facilities

If this application is for a transfer facility, the applicant must attach copies of all required municipal licenses/approvals. The MPCA will not process an application without these approvals. See Minn. R. 7001.3075, subp. C, for more details. If no municipal approvals are required the owner or operator must sign the statement below stating that no municipal approvals are required.

Have all local licenses/approvals been acquired? ☐ Yes ☐ No

If yes, please list all approvals, include issuances and expiration dates (please include copies of the approvals in the permit application:

_____

_____

If no, please sign the following line confirming no municipal approvals are required:

Signature: _____ Date: _____

Print name: _____ Title: _____

II. Facility Information

A. General Information

Facility name: _____ Permit number (for modification/ reissuances only) SW- _____

Address: _____

City: _____ State: _____ Zip: _____

MPCA Region (check one): ☐ Brainerd ☐ Detroit Lakes ☐ Duluth ☐ Marshall/Willmar ☐ Metro ☐ Rochester

B. Legal description of property (acreage includes the entire area of the facility)

_____ Acres _____ ¼ _____ ¼ _____ ¼ _____ ¼ Section _____ T _____ N R _____ W

Township name: _____ MN Legislative District: _____

County: _____

Latitude: _____ Deg _____ Min _____ Sec North

Longitude: _____ Deg _____ Min _____ Sec West

1. Directions to the facility (physical location): _____

2. Current land use: _____

3. Current zoning designation of the site and the surrounding areas within a quarter mile radius: _____

4. Describe the key topographic features at and around the facility: _____

5. Environmental Assessment Worksheet (EAW) or Environmental Impact Statement (EIS) required? ☐ Yes ☐ No

   Explain: _____

C. Identify the following features within a one mile radius of the site

Feature	Name of feature	Distance
Current and former water supply or monitoring wells		
Airports		
Lakes or ponds		
Rivers, streams or springs		
Wetlands		
Floodplains		
Karst features (sinkholes, caves)		
Parks or wildlife refuges		
Present or proposed access and major haul roads, and their weight restrictions		
Easements or right-of-way		
Recreational areas		
Historical or archeological areas		

III. Waste Activity Information

A. Type(s) of Waste Activity(s) to occur at the facility (check all boxes that apply)

Disposal activity

- ☐ Mixed Municipal Solid Waste
- ☐ Industrial Solid Waste
- ☐ Demolition Debris
- ☐ Municipal Solid Waste Combustor Ash
- ☐ Other: _____

Processing activity

- ☐ Solid Waste Composting
- ☐ Solid Waste Transfer Station
- ☐ Solid Waste Recycling
- ☐ Solid Waste Processing (prior to mass burn)
- ☐ Solid Waste Storage
- ☐ Refuse-Derived-Fuel (RDF)
- ☐ Other: _____

B. Describe the capacity of each waste activity area and the total facility capacity in the tables below. Provide information for each type of activity selected above.

Disposal activity areas

	Capacity (yd^3)				
Disposal area	**Ultimate design capacity**	**Proposed additional capacity**	**Current in-place volume**	**Remaining permitted capacity**	**Certificate of Need (MSW only)**
Mixed Municipal Solid Waste (MSW)					
Industrial Waste					
Demolition Debris					
Municipal Solid Waste Combustor Ash					
Other:					
Total					

Processing activity areas

Processing area	**Proposed capacity**		**Permitted capacity**		**Design capacity**	
	tons/year	**tons/day**	**tons/year**	**tons/day**	**tons/year**	**tons/day**
Solid Waste Composting						
Solid Waste Transfer Station						
Solid Waste Recycling						
Solid Waste Processing (prior to mass burn)						
Solid Waste Storage						
Refuse-Derived-Fuel (RDF)						
Other:						
Total						

IV. Operational Information

A. List the solid waste and waste by-products to be managed at the facility according to the waste type, quantity, and management method (collect, transfer, store, process, convert, compost, treat, or disposal)**.**

Waste Type	**Quantity**	**Unit (tons, tons/day, tons/year, cubic yards, PTE's, items)**	**Management Method**
Municipal Solid Waste			
MSW Combustor Ash			
Demolition Debris			
Industrial Waste			
Asbestos			
Appliances			
Electronics			
Yard Waste			
Tires			
Household Hazardous Waste			
Recyclables (list)			
Other:			
Other:			

B. The facility will have capacity to receive _____ vehicles per day and expects to receive an average of _____ vehicles per day. List the vehicle types (i.e., packer trucks, roll-off boxes, private citizen vehicles) using the facility including those that transport special wastes, such as tires or white goods.

Vehicle Type	Vehicle Capacity	Waste Type Transported

C. Describe the equipment to be located and used on site at the facility, or the availability and arrangement for use of equipment kept off-site, managing the waste:

_____

_____

_____

_____

V. Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Engineer (Consultant)

Signature: _____ Date: _____

Print name: _____ License Number: _____

Title: _____ State licensed: _____

E-mail: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I further certify that the construction and operation of the above described facility will be in accordance with the plans, specifications, reports and related communications accepted by the Minnesota Pollution Control Agency (MPCA) and on file in its office; and in accordance with conditions imposed in the permit issued by the MPCA.

I certify that the facility is consistent with local solid waste management plans. I am aware an MPCA permit must be obtained before construction or operation of the facility may begin and all local permits, licenses or other government approval must be obtained before an MPCA permit can be issued.

I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Landowner

Signature: _____ Date: _____

Print name: _____ Phone: _____

Title: _____ Fax: _____

Email: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Owner (Applicant)

Signature: _____ Date: _____

Print name: _____ Phone: _____

Title: _____ Fax: _____

E-mail: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Operator*

Signature: _____ Date: _____

Print name: _____ Certification No: _____

Title: _____ Expiration Date: _____

E-mail: _____ Phone: _____

Organization: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

**Provide the same information for other certified operators.*

VI. Solid Waste Annual Report Contact

Print name: _____ Phone: _____

Title: _____ Fax: _____

E-mail: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____