



**Minnesota Pollution
Control Agency**

520 Lafayette Road
St. Paul, MN 55155-4194

Application for Utilization Project

Solid Waste Program

Doc Type: Permit Approval

Instructions: If considering a beneficial use for your waste, check if the proposed use qualifies for a Standing Beneficial Use Determination (SBUD) already in place (Minn. R. 7035.2860, subp 4). When deciding between a Case Specific Beneficial Use Determination (CSBUD) and a Demonstration/Research Project (DRP), consider the goals of the project. If a project is being done to gain data or to test a new idea, it should be submitted as a DRP proposal. If a potential use is designed to be an ongoing activity, it should be proposed as a CSBUD. If Minnesota Pollution Control Agency (MPCA) staff feels more information is needed to approve a CSBUD, they may recommend the design and completion of a DRP.

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

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 using "n/a".

Submittal: Submit one (1) paper copy of the submittal package and one electronic (disk):

Solid Waste Permit Document Coordinator

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

Application is for (check appropriately): ☐ Case Specific Beneficial Use Determination ☐ Demonstration/Research Project
☐ Resubmittal of 'Incomplete' application originally submitted on: _____

(mm/dd/yyyy)

Facility Information

Facility name: _____ Permit No.: UT

Address: _____

City: _____ State: _____ Zip: _____

I. Local Acknowledgment/Permission for:

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 for notification purposes and 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.

II. Case Specific Beneficial Use Determination (CSBUD):

A. Waste information - Briefly describe the following:

1. The waste type proposed for beneficial use: _____
2. How the waste is generated: _____
3. The volume of waste generated: _____
4. The volume of waste to be used beneficially: _____
5. The current disposal method: _____

B. Briefly describe the proposed use

C. Briefly describe the proposed location(s) the waste will be used

D. Checklists required

The following checklist must be completed and included with this application. The MPCA will not process an application that does not include the required checklist. All checklists can be found at: <http://www.pca.state.mn.us/ktqh862>.

☐ Case Specific Beneficial Use Determination Application Checklist (w-sw7-31).

III. Demonstration/Research Project (DRP)

A. 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: _____
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		

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

Feature	Name of feature	Distance
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		

D. Waste information - Briefly describe the following:

1. The proposed project: _____
2. The benefits of the project: _____
3. The data to be collected: _____
4. Possible problems or concerns: _____
5. Current disposal method: _____

E. Checklists required

The following checklist must be completed and included with this application. The MPCA will not process an application that does not include the required checklist. All checklists can be found at: <http://www.pca.state.mn.us/ktqh862>.

☐ Demonstration/Research Project Application Checklist (w-sw7-30).

IV. 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/project will be in accordance with the plans, specifications, reports and related communications accepted by the Minnesota Pollution Control Agency and on file in its office; and in accordance with conditions imposed in the approval issued by the Minnesota Pollution Control Agency.

I certify that the facility is consistent with local solid waste management plans. I am aware an MPCA approval 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 approval can be issued.

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

Owner (Applicant)

Signature: _____ Date: _____
Print name: _____ Phone: _____
Title: _____ Fax: _____
E-mail: _____ Organization: _____
Address: _____
City: _____ State: _____ Zip: _____

V. Solid Waste Annual Report Contact

Name: _____ Phone: _____
Title: _____ Fax: _____
E-mail: _____ Organization: _____
Address: _____
City: _____ State: _____ Zip: _____