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

Yard Waste Compost Facility PBR Notification Form

Solid Waste Permit Program
Permit-By-Rule (PBR)

Doc Type: Permit By Rule

PBR Identification number: _____

Print or type the application in a legible manner. Before submitting, make a photocopy for your records. By completing and returning this form, the Owner/Operator is considered to have obtained a Solid Waste Management Facility Permit without making an application for it, unless the Commissioner finds that the facility is not in compliance with Minn. R. 7035.2836, subps 2 and 3.

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

This procedure is intended for facilities which:

1. Have low potential for adverse effects on human health and the environment.
2. Accept yard waste only, excluding backyard sites.

I. County Acknowledgement

This section must be completed by the County Solid Waste Administrator or Zoning Officer. This section is meant to notify the county of the applicant's intent so that all local ordinances and plans can be met.

Signature: _____ Date: (mm/dd/yyyy): _____
Name: _____ Phone: _____
Title: _____ Fax: _____
E-mail: _____
Address: _____
City: _____ State: MN Zip: _____
Comments: _____

II. Facility Information (Please include map showing location.)

A. Facility Location

Facility name: _____
Address: _____
City: _____ State: MN 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: _____
Latitude: _____ Deg _____ Min _____ Sec North
Longitude: _____ Deg _____ Min _____ Sec West

C. Current land use: _____

D. Is the proposed facility located:

1. Within wetland areas as defined in Minn. R. 7035.0300, subp. 119? ☐ Yes ☐ No
2. Within a shoreland or wild and scenic river land-use district governed by Minn. R. chs. 6105 and 6120? ☐ Yes ☐ No
3. Within a location where emissions of air pollutants would violate the ambient air quality standards in Minn. R. chs. 7005, 7007, 7009, 7011, 7017, 7019, and 7028 and parts 7023.0100 to 7023.0120? ☐ Yes ☐ No

E. Is the facility adjacent to, or will it include, any other type of solid waste management activity? ☐ Yes ☐ No

If "yes" explain: _____

III. Operational Information for Proposed Facility

A. Operational Start Date: _____

B. Facility size *(cubic yards only)*: _____

C. Describe waste type/s and handling methods of wastes

Waste type: _____ Handling method _____

Waste type: _____ Handling method _____

Waste type: _____ Handling method _____

D. Final use of finished product: _____

IV. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction of 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, 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 fines and imprisonment. I further certify that the construction and operation of the above-described facility will be in accordance with the conditions of the Minnesota Pollution Control Agency demolition disposal permit-by-rule requirements.

Landowner

Signature: _____ Date (mm/dd/yyyy): _____

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner (Applicant)

Signature: _____ Date (mm/dd/yyyy): _____

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Operator

Signature: _____ Date (mm/dd/yyyy): _____

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

V. Solid Waste Annual Report Contact

Signature: _____ Date (mm/dd/yyyy): _____

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____