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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Solid Waste Recycling FacilityPBR Notification FormSolid Waste Permit ProgramPermit-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. A response letter will be issued.

|  |  |
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| The completed form is to be returned to:(including all appropriate attachments) | **Solid Waste Permit Document Coordinator**Minnesota Pollution Control Agency520 Lafayette Road NorthSt. Paul, Minnesota 55155-4194 |

## **Eligible Criteria**

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| --- |
| 1. Owners/operators of PBR recycling facilities must comply with Minn. R. 7001.3050, subp. 3, item D and Minn. R. 7035.2525, supb. 2, item B or C |
| 2. The facility must be designed to: |
|  | Prevent surface water drainage through the recyclable material; and |
|  | Contain any spill or release as provided in Minn. R. 7035.2845, subp. 3 and Minn. R. 7035.2855. |
| 3. Owners and operators must comply with the operating standards in Minn. R. 7035.2825, subp. 4 |
| **Notification is for** (check appropriately): [ ]  New PBR facility [ ]  Modification of existing PBR facility |

1. **Local Acknowledgement:**

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** (County Solid Waste Administrator or County Zoning Administrator)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone: |       |
| Title: |       | Fax: |       |
| Email: |       |
| Organization: |       |
| Address: |       |
| City: |       | State: | MN | Zip: |       |

**B. Local acknowledgment** (local building or zoning official)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone: |       |
| Title: |       | Fax: |       |
| Email: |       |
| 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. 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? [ ]  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: |       |
|  |       |

|  |  |  |
| --- | --- | --- |
| **F. Size of recycling area** (*please specify which measure)*: |       | [ ]  square feet [ ]  acres |

|  |
| --- |
| **G. Describe type/s and quantity of recyclables:** *includes, but is not limited to: glass, plastic, metals, concrete, wood* |
| Recyclable type: |       | Quantity: |       [ ]  cubic yards [ ]  items |
| Recyclable type: |       | Quantity: |       [ ]  cubic yards [ ]  items |
| Recyclable type: |       | Quantity: |       [ ]  cubic yards [ ]  items |
| Recyclable type: |       | Quantity: |       [ ]  cubic yards [ ]  items |
| Recyclable type: |       | Quantity: |       [ ]  cubic yards [ ]  items |
| Recyclable type: |       | Quantity: |       [ ]  cubic yards [ ]  items |
| **H. Security:** During the active life of the solid waste management facility, the closure period, and postclosure card period, as required, the owner or operator must prevent, by use of fence or similar device, the unauthorized entry of persons or livestock onto the facility, unless the owner or operator demonstrates to the commissioner that: |
| 1. | Physical contact with the waste, structure, or equipment at the facility will not injure unknowing or unauthorized persons or livestock that could enter the facility. |
| 2. | Disturbance of the waste or equipment will not cause a violation of parts 7035.2525 to 7035.2915. |

**III. 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: |       |
| Email: |       |
| Address:  |       |
| City:  |       | State:  |       | Zip: |       |

**Owner (Applicant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |       | Date (mm/dd/yyyy): |       |
| Name:  |       | Phone: |       |
| Title:  |       | Fax: |       |
| Email: |       |
| Address:  |       |
| City:  |       | State:  |       | Zip: |       |

**Operator**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |       | Date (mm/dd/yyyy): |       |
| Name:  |       | Phone: |       |
| Title:  |       | Fax: |       |
| Email: |       |
| Address:  |       |
| City:  |       | State:  |       | Zip: |       |

**IV. Required Submittals**

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| 1. **Copies of the following plans and schedules are required to be maintained at the facility:**
 |
|  | [ ]  | A Contingency Action Plan in accordance with Minn. R. 7035.2845, subp. 5 |
|  | [ ]  | The site yearly inspection plan in accordance with Minn. R. 7035.2845, subp. 4c |
| **B.** This notification form must be submitted no later than ten ***working*** days before accepting waste. Existing PBR facilities that choose to increase their operating capacity or make structural changes, must submit a PBR Notification at least ten days before implementing the change. |

**V. Solid Waste Annual Report Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |       | Phone: |       |
| Title:  |       | Fax: |       |
| Email: |       |
| Address: |       |
| City:  |       | State:  |       | Zip: |       |