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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Solid Waste Transfer Facility PBR Notification Form  Solid Waste Permit Program  Permit-By-Rule (PBR)  *Doc Type: Permit By Rule* |

|  |  |
| --- | --- |
| **PBR Identification number:** |  |

## **Print or type application.** 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 Agency 520 Lafayette Road North St. Paul, MN 55155-4194 |

## **Eligibility Criteria:**

1. Owners/operators of PBR transfer facilities must comply with Minn. R. 7001.3050, subp. 3, item A and 7035.2525, subp. 2, item H.
2. All waste must be managed and stored in containers or roll‑off boxes constructed of impervious material or in a fully enclosed building that meets the standards in Minn. R. 7035.2870, subp. 4, or where the commissioner has determined that the current design is adequate as provided in Minn. R. 7035.2870, subp. 3.
3. No more than 120 cubic yards of waste are stored on site at any given time.
4. No more than 120 cubic yards of waste are managed on site per day.
5. Source-separated recyclable materials received at the facility and stored on site do not count towards items 3 or 4.
6. Recyclable materials recovered from the waste on site and stored on site do not count towards item 3.
7. Owners and operators must comply with the operating standards in Minn. R. 7035.2870, subp. 5.

## **Notification is for** (check the appropriate): New Notification Amend an existing PBR

## Renotification (required every 10 years)

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.

## **Facility Information** (Please include map showing location.)

**A. Facility Location**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Facility name: |  | | | Former Permit No.  (if applicable) | | | SW- |
| 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: | |  | | | | | |
|  |  | | | | | | |
| **Size of waste transfer area:** | | | | | square feet  acres | | |
| **Daily waste capacity:** | | | |  | | cubic yards/day | |
| **Design capacity:** | | | cubic yards/year or       tons/year | | | | |
| **I. Type(s) of waste** (demolition, industrial, MMSW): | | | | | | |  |
|  |  | | | | | | |
|  |  | | | | | | |

## **III. 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, 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 transfer permit-by-rule requirements.

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

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

## **IV. Required Submittals**

A. Copies of the following plans and schedules are required under part 7035.2525, subpart 2, item H and must be attached:

Industrial Solid Waste Management Plan required by Minn. R. 7035.2535, subp. 5

Emergency Response Plan required by Minn. R. 7035.2595

Inspection Schedule required by Minn. R. 7035.2535, subp. 4

Closure Plan required under Minn. R. 7035.2625

B. This notification form must be submitted: No later than 180 days following the effective date of the transfer rule for existing facilities and no later than ten working days before accepting waste for new facilities. Thereafter, new and existing facilities must submit the notice required every five years. **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: |  | | | | | |
| Organization: |  | | | | | |
| Address: |  | | | | | |
| City: |  | State: |  | | Zip: |  |