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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Permit application  for minor modification  Solid Waste Permit Program  Doc Type: Permit Application |

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| **MPCA Use Only** | |
| AI number: |  |
| Activity ID: |  |

**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 supplemental information directly behind this application form. **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”.

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| **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 |

**Submittal:** You must submit one (1) paper copy ***and*** one (1) electronic copy (i.e., disc or thumb drive) of your application.

**Application is for** (check appropriately): Minor Modification (Minn. R. 7001.0190, subp. 3 – change that will not result in allowing an actual or potential increase in the discharge of pollution into the environment)

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| Additional permit by rule (PBR) activity [Minn. R. 7001.3050, subp. 3] | |
| Recycling, list materials: |  |
| Yard waste composting |  |
| Transfer of less than 120 cubic yards per day | |
| Change in groundwater monitoring network | |
| Change infacility plan – please specify: | |
| Change in facility design – please specify: | |
| Other, please explain: | |

## Facility information (Minn. R. 7001.0050, item D)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility name: | |  | | | | | | | | | |
| Street address: | |  | | | | | | | | | |
| City/Township: | |  | | | | State: | |  | | Zip code: |  |
| Email: |  | | | | | | Phone: |  | | | |
| MPCA Region (check one): | | | Brainerd  Detroit Lakes  Duluth  Marshall  Metro  Rochester | | | | | | | | |
| Current solid waste permit number: | | | | PBR |  | | | **or**  SW |  | | |

1. Proposed changes in Waste activity (Minn. R. 7001.0050, item E)
2. **Waste activities that are proposed to change at the facility** (Complete a row for each waste activity area and each waste type that is changing.)

| **Waste activity**  (Select from dropdown list) | **Waste type managed**  (Select from dropdown list) | **Current permitted capacity** | | | | **Proposed capacity change** | | | | **Design capacity** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Units** | **Capacity** | **Units** | **Area** | **Units** | **Capacity** | **Units** | **Area** | **Units** | **Capacity** | **Units** |
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1. 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.

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| **Engineer (Consultant)** [Minn. R. 7001.0060, item F, Minn. R. 7001.0070] | | | | | | | | | | |
| Print name: |  | | | License number: | | |  | | |
| Title: |  | | | State licensed: | | |  | | |
| Email: |  | | | Phone: | | |  | | |
| Organization: |  | | | | | | | | |
| Address: |  | | | | | | | | |
| City: |  | | State: | |  | | | Zip: |  |
| Signature: |  | Date (mm/dd/yyyy): | | | |  | | | |

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 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.

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| **Landowner** [Minn. R. 7001.0060, item E] | | | | | | | | | | |
| Print name: |  | Title: | |  | | | | | | |
| Email: |  | Phone: | |  | | | | | | |
| Organization: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| City: |  | | State: |  | | | | | Zip: |  |
| Signature: |  | | | Date (mm/dd/yyyy): | | |  | | | |
| **Activity Owner (Applicant)** [Minn. R. 7001.0050, item A] | | | | | | | | | | |
| Print name: |  | Title: | |  | | | | | | |
| Email: |  | Phone: | |  | | | | | | |
| Organization: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| City: |  | | State: |  | | | | | Zip: |  |
| Signature: |  | | | Date (mm/dd/yyyy): | | |  | | | |
| **Operator\*** [Minn. R. 7001.0050, item B] | | | | | | | | | | |
| Print name: |  | | | Certification No: | |  | | | | |
| Title: |  | | | Expiration date: | |  | | | | |
| Email: |  | | | Phone: |  | | | | | |
| Organization: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| City: |  | | State: |  | | | | | Zip: |  |
| Signature: |  | | | Date (mm/dd/yyyy): | | | |  | | |

1. **Local acknowledgment/permission for** (Minn. Stat. § 116.07, subp. 4)

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)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Print name: |  | Title: | |  | | |
| Email: |  | Phone: | |  | | |
| Organization: |  | | | | | |
| Address: |  | | | | | |
| City: |  | | State: | MN | Zip: |  |

**B. Local acknowledgment/permission** (to be completed by a township, local building, or zoning office)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Print name: |  | Title: | |  | | |
| Email: |  | Phone: | |  | | |
| 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.

1. **Local approvals**

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

**If yes,** please list all approvals, include issuances and expiration dates (include a copy of each approval)

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**If no,** please explain:

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1. **Solid waste transfer facilities and source-separated organic material (SSOM) compost facilities**

The applicant for a transfer facility or SSOM compost facility must attach copies of all required municipal licenses/approvals, unless the applicant is a municipality. The MPCA will not process an application without these approvals. See Minn. R. 7001.3400, item C, or 7001.3375 item L 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.

I certify, no municipal approvals are required:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print name: |  | Title: |  | |
| Signature: |  | Date (mm/dd/yyyy): | |  |