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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Certificate of Need request form for landfills outside the Metropolitan area  Solid Waste Planning Program  Doc Type: Certificate of Need |

Instructions: Print or type the request in a legible manner. Before submitting, make a photocopy for your records.

No new capacity for disposal of mixed municipal solid waste may be permitted in counties outside the metropolitan area without a certificate of need issued by the commissioner indicating the commissioner's determination that the additional disposal capacity is needed in the county. The Minnesota Pollution Control Agency (MPCA) will use the information provided on this form and whatever other information is needed to evaluate the Certificate of Need (CON) request. The MPCA will review CON requests as per Minn. Stat. § 115A.917 and applicable rules in sections 9215 and 7035. The MPCA may need more information than is requested in this form to complete its review of CON requests.

**Electronic submittal:** Send completed form to the MPCA by attaching the form to an email message, using “CON request form” as the subject line addressed to Heidi Ringhofer at [heidi.ringhofer@state.mn.us](mailto:heidi.ringhofer@state.mn.us). Ensure all necessary signatures are acquired.

1. Facility information (Please include map showing location)
2. Physical Facility location

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility name: | |  | | | | | | | | |
| Permit number: | |  | | | Permit expiration date (mm/dd/yyyy): | | | | |  |
| Facility address: | |  | | | | | | | | |
| City: |  | | | | | State: | MN | Zip code: | |  |
| Facility Contact: | | |  | | | Phone: |  | | Email: |  |
| Consultant Contact: | | |  | | | Phone: |  | | Email: |  |
| MPCA Planner: | |  | | | | | | | | |
| MPCA Solid Waste Permit Engineer: | | | |  | | | | | | |

1. Facility CON (Please specify which measurement)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Remaining CON (as of most recent month): | | |  | | cubic yards  tons  units |
| Current CON Approval Period: | | to | | |  |
|  | *(mm/dd/yyyy-mm/dd/yyyy):* | | |  | |

1. CON Request Content

Please see the CON Request Checklist for applicable information. Use the Supplemental Spreadsheet to provide the requested data.

1. 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.

***By typing/signing my name below,*** *I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

Landfill owner (Applicant)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | | | | | | |
| Email: |  | | | | Phone: |  | | | |
| Address: |  | | | | | | | | |
| City: |  | State: | |  | | | | Zip code: |  |
| Signature: |  | | Date (mm/dd/yyyy): | | | |  | | |
|  | *(This document has been electronically signed.)* | |  | | | |  | | |

Landowner (if different than Landfill Owner)

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

Landfill Operator (Individual that oversees landfill operations)

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