

KANDIYOHI COUNTY SOLID WASTE FACILITY PERMIT APPLICATION

Kandiyohi County Environmental Services
County Office Building, 400 SW Benson Ave, Willmar, MN 56201
(320) 231-6229 www.kcmn.us

OFFICE USE: Fee \$ 1,000.00 _____ Receipt No. _____ Date: _____

Facility Information:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Applicant Information:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
MN Tax ID#: _____ Federal Tax ID#: _____

Contact Person Information:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____

Property / Landowner Information:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ PID#: _____
Legal Description: _____

(1) Type of Waste Management Facility (*check all that apply*):

- | | | |
|--|---|---|
| <input type="checkbox"/> MMSW Landfill | <input type="checkbox"/> Demolition Debris Landfill | <input type="checkbox"/> MMSW Ash Disposal Facility |
| <input type="checkbox"/> Transfer Station | <input type="checkbox"/> Refuse Derived Fuel Processing | <input type="checkbox"/> MMSW Incineration |
| <input type="checkbox"/> RDF Incineration | <input type="checkbox"/> Yard Waste Compost | <input type="checkbox"/> MMSW Compost |
| <input type="checkbox"/> Materials Recovery Facility | <input type="checkbox"/> Recycling Facility | <input type="checkbox"/> Other (explain) |

(2) Brief Description of Waste Management Facility:

(3) Define method of Disposal, Processing, or Storage of waste materials:

**(4) Type of waste materials to be managed and Annual Volumes to be received:
(Indicate all applicable waste streams)**

- MMSW, Annual Volume (*indicate tons or cubic yards*) _____
- Demolition Debris, Annual Volume (*indicate tons or cubic yards*) _____
- Construction Debris, Annual Volume (*indicate tons or cubic yards*) _____
- Industrial Waste, Annual Volume (*indicate tons or cubic yards*) _____
- MMSW Ash, Annual Volume (*indicate tons or cubic yards*) _____
- Yard Waste, Annual Volume (*indicate tons or cubic yards*) _____
- Tree Waste, Annual Volume (*indicate tons or cubic yards*) _____
- Other, Annual Volume (*indicate tons or cubic yards*) _____

(5) Applicant shall provide the following information:

- A topographic map, or other map if a topographic map is unavailable, that shows the proposed solid waste management activity or facility and the area surrounding it for a distance of at least one mile in all directions. The map must be of sufficient scale to show all homes, buildings, lakes, ponds, watercourses, wetlands, dry runs, rock outcroppings, roads areas for retention of surface water runoff and other applicable details as determined by the Department. Wells must be identified on the map. Expected life of facility, proposed operating hours, type and amount of equipment to be provided for operation
- A copy of a draft or final environmental impact statement that has been prepared and required under the National Environmental Policy Act, United States Code, title 42, sections 4331 et seq. as amended through December 31, 1982, or a copy of an environmental assessment or environmental impact statement prepared and required under the rules of the Minnesota Environmental Quality Board, Minnesota Rules, chapters 4400 and 4410.
- Written proof that the municipal or township governing body in which said solid waste management activity or facility is located has considered the establishment of the solid waste management activity or facility with respect to zoning, impact on township/municipal roads and other applicable regulations.
- All application forms, documents, plans, specifications, and reports and modifications prepared by a professional engineer and/or architect licensed in Minnesota thereto required by the MPCA including but not limited to preliminary application, preliminary site evaluation reports, detailed site evaluation reports, and final application.
- Any other information that may be beneficial in describing the type of facility proposed.

(6) 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 further certify that the construction and operation of the above described facility shall be in accordance with the plans, specifications, and related communications accepted by Kandiyohi County and on file in its office; and in accordance with conditions imposed in the license issued by the county.

I certify that the facility is consistent with Minnesota Pollution Control Agency rules and requirements and the Kandiyohi County Solid Waste Ordinance & Planning and Zoning Ordinance. I am aware that all permits, licenses and local unit of government approvals must be obtained before any construction or operation of the facility may begin.

I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Engineer (Consultant):

Print Name: _____ License Number: _____
Title: _____ Email: _____
Phone: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

Applicant:

Print Name: _____ Title: _____
Email: _____ Phone: _____
Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

Operator:

Print Name: _____
Email: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

Landowner:

Print Name: _____
Email: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____