

## SOLID WASTE FACILITY LICENSE INITIAL APPLICATION-2021

The Department of Public Health and Environment licenses Solid Waste Facilities. In order to obtain a Solid Waste Facility License complete the following application. This document can be filled out electronically, "saved as" and emailed to [PHE@co.washington.mn.us](mailto:PHE@co.washington.mn.us) or printed and submitted to the address listed above. Fill out all the information requested. The application will be considered incomplete if any question is left blank.

**When do you need a license?** Facility Operators Organizations must acquire a solid waste license *before* commencing any construction, operation or management activity.

---

1. Facility Name: \_\_\_\_\_ Facility Telephone: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
(Number, street, city, state, zip)

Facility Email: \_\_\_\_\_ Website: \_\_\_\_\_

---

2. Facility Owner: \_\_\_\_\_ Owner Telephone: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
(Number, street, city, state, zip)

Facility Owner Email: \_\_\_\_\_

---

3. Facility Operator: \_\_\_\_\_ Operator Telephone: \_\_\_\_\_

Operator Address: \_\_\_\_\_  
(Number, street, city, state, zip)

Operator Email: \_\_\_\_\_

---

4. Facility Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Facility Contact Email: \_\_\_\_\_

---

5. Landowner: \_\_\_\_\_ Landowner Telephone: \_\_\_\_\_

Landowner Address: \_\_\_\_\_  
(Number, street, city, state, zip)

Landowner Email: \_\_\_\_\_

---

**A. Check the types of the proposed solid waste management activities. See Ordinance #202 for descriptions of the following terms.**

<input type="checkbox"/>	Demolition Debris (A) Land Disposal	<input type="checkbox"/>	Solid Waste Storage
<input type="checkbox"/>	Demolition Debris (B) Land Disposal	<input type="checkbox"/>	Solid Waste Land Spreading (Annual License)
<input type="checkbox"/>	Clean Fill Demolition Landfill	<input type="checkbox"/>	Transfer Station
<input type="checkbox"/>	Waste Processing	<input type="checkbox"/>	Yard Waste Composting
<input type="checkbox"/>	Tire Management	<input type="checkbox"/>	Lime Sludge Land Spread (Annual License)
<input type="checkbox"/>	Yard Waste Land Spreading (annual License)	<input type="checkbox"/>	Tree Waste Processing
<input type="checkbox"/>	Industrial Waste Disposal	Other:	<input style="width: 100%;" type="text"/>

\* Initial License fee includes 50% application review fee. Please refer to attached fee schedule.

**B. Describe the wastes to be stored, processed, or disposed (e.g. yard waste, tree waste, municipal solid waste):**

**C. Describe the quantity of wastes above to be stored, processed, or disposed in cubic yards or tons:**

**C. Describe the proposed methods for managing the wastes (e.g. processed on site, transferred):**

**G. The following items are required to be submitted in order for the application to be considered complete:**

- Payment.** License fees must be submitted with the application. See the County Fee Schedule.
- Land Use and Zoning Map.** A current map or aerial photograph of the area showing the land use and zoning within one-quarter (1/4) mile of the property described in the application.
- Site Plan.** The site plan shall have a scale of one (1) inch equal to no greater than fifty (50) feet and have a vertical contour interval of no greater than five (5) feet. The site plan shall include all land within 1,000 feet of the property described in the application. The following shall be included in the site plan as a minimum:
  - Name and address of the facility, property owner, and the facility operator.
  - City and /or township boundaries.
  - North arrow, section line, and section number.
  - Waters of the state, flood plains, and floodways.
  - Land use and zoning within a 1,000 foot radius of the boundaries of the property.
  - Adjacent residences and property ownership.
  - Roads and railroads.
  - Easements and utilities.
  - Location, size and ownership of the land upon which the solid waste facility will operate.
- Engineering plans.** The engineering plans for the solid waste facility shall include the following as a minimum:
  - Roads, screening, fencing, gates, dimensions of the building(s), dimensions of the storage area(s), loading and unloading zones, and location of existing and proposed utilities.
  - Dikes, berms, walls, and dividers.
  - Landscape and grading plans.
- Operational Plan.** An operational plan, a contingency action plan, and a closure plan must be kept up to date, and easily accessible at the time of inspection. An industrial waste plan is required if the facility will accept industrial waste. The plan shall include the following as a minimum:
  - Complete site plans and specifications, proposed operating procedures for the facility, place of final disposal, and equipment to be used.
  - A contingency action plan describing the procedures and action that would be taken in the case of a fire, chemical release, physical injury or other emergencies.
  - A description of the solid waste proposed to be collected, stored, processed, or transferred at the facility.
  - A description of the overall operation and a functional description of all the equipment to be used, including design and anticipated performance. The operational plan shall describe the flow of solid waste through the facility.
  - The procedures for the facility start-up, and the scheduled and unscheduled shut down of operations.
  - A description of the potential safety hazards and methods of control including but not limited to: Fire and smoke detection, air monitoring, fire control devices, odor, ventilation, and exhaust control systems.
  - A description of worker protection, training, and safety equipment to be employed on-site.
  - A description of the cleaning procedures to be employed at the facility.
  - Site access control methods.

- Transfer station throughput.** The throughput of a transfer station is the amount of solid waste the transfer station can effectively accept and transfer in an operation day without creating a public nuisance or conditions that may affect the public’s health, safety and welfare, or the environment. This throughput shall be determined by mathematical calculation by the applicant and stated in cubic yards or tons per day (TPD) on the facility license application.
- Written Approval of the Proposed Activity:** Must have proof that the municipal or township governing body approves of the proposed activity. This could be in the form of a Conditional Use Permit (CUP), a letter from the municipality, or some similar document.
- Other applicable forms:** All application forms, documents, plans, and reports and modifications required by the Minnesota Pollution Control Agency including but not limited to preliminary application, preliminary site evaluation reports, detailed site evaluation reports, and final application.
- Proof of financial assurance:** Must be determined by completing the closure cost worksheet (required for all annual licenses; not required for compost sites, recycling facilities and tree waste facilities).
- Minnesota Tax ID form**
- Certificates of Insurance:** Must be issued by insurers duly licensed within the State of Minnesota in following amounts:
  - Commercial General Liability/Professional Liability which will provide coverage to the County under the indemnification in the ordinance in the amount of the County’s tort liability limits set forth in Minnesota Statute 466.04 and as amended from time to time
  - Automobile Liability Coverage in the amount of the County’s tort liability limits set forth in Minnesota Statute 466.04 and as amended from time to time.
  - Worker’s Compensation in statutory amount as outlined in Minnesota Statute Chapter 176.

**H. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I 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 fathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.**

_____ Landowner Signature	_____ Print Name	_____ Date
_____ Facility Owner Signature	_____ Print Name	_____ Date
_____ Facility Operator Signature	_____ Print Name	_____ Date
_____ Minnesota Registered Engineer Signature (When Reports and Plans are prepared by a Firm)	_____ Print Name	_____ Date

## Solid Waste Facility License Application Closure Cost Worksheet

Facility Name:	
Facility Property ID:	
Facility Type:	

**A. Waste, Debris, Material or Products on Site**

List the wastes, debris, material and products which will be managed or produced on site, the maximum volume stored at any time, the cost for disposal of that volume and how this cost was determined (name of vendor which quoted this price). Indicate if there will be no cost to remove or dispose of a material. If a material has market value, indicate that value, how it was determined, and whether this would cover the cost of removal and disposal.

Waste-Product Name	Maximum Volume	Removal and Disposal Cost	Cost Determined By:
Example: <u>uncomposted Leaves</u>	100 yards	\$2,150 transport and dispose	ABC Recycling Inc.
Example: <u>finished compost</u>	100 yards	\$500 transport	ABC Recycling Inc.
Example: <u>industrial solid waste</u>	500 yards	\$5,000 transport and dispose	ABC Recycling Inc.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total.....			

**B. Clean Up Costs**

Indicate how the storage area and site will be decontaminated and/or restored to original condition and what tests if any will be used to verify this.

--

**1. Decontamination Costs:**

Disposal of cleaning debris:

--

Labor costs:

--

Sampling and Testing:

--

Other:

--

Describe:

--

**2. Total Decontamination Costs:**

Contractor providing quote:

--

Address, City, State:

--

Contractor contact person and telephone:

--

**C. Closure Cost**

Waste removal cost from A above:

--

Decontamination cost from B above:

--

Total closure cost (A=B):

	Plus 30%:	
--	-----------	--

Amount for which financial assurance is required

**Application Certification**

I, the undersigned, am a duly elected, qualified and acting officer or designee of the above named company or corporation. As such officer, I have the authority to certify the following:

I certify under penalty of law that I have personally examined and am familiar with the information in this and all attached documents submitted as a solid waste facility license application for the listed recycling, treatment, storage, disposal or transfer facility and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I hereby apply for a Washington County Solid Waste Facility License subject to all conditions and provisions of Minnesota Rules, Chapter 7035 and the Washington County Solid Waste Management Ordinance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

## WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

*Please type or print clearly.*

Pursuant to Minn. Stat. § 176.182, the information on this form must be collected **ANNUALLY** for the Commissioner of the Minnesota Department of Labor and Industry. Pursuant to Minn. Stat. § 13.04, subd. 2 and Public Law 93- 579 § 7, you are informed that:

- Incomplete or falsely reported information may be cause to deny the issuance, or renewal of your license;
- The Department will supply it only to authorized agencies; and
- Failing to supply this information, or supplying false information, may result in a \$2,000 penalty assessed by the Commissioner of the Department of Labor and Industry.

**Complete the required fields below and return with your LICENSE APPLICATION or LICENSE RENEWAL.**

1. Applicant Name: Name of he Company or individual owner of the business.

2. Workers' Compensation Insurance Company Name and Address:

3. Workers' Compensation Policy Number:

4. Policy Effective Date:

5. Policy Expiration Date:

Check here if you do not need Workers' Compensation Insurance coverage

Reason:

### MINNESOTA TAX IDENTIFICATION NUMBER INFORMATION

*Please type or print clearly*

Pursuant to Minn. Stat. § 270C.72, the information on this form must be collected **ANNUALLY** for the Commissioner of the Minnesota Department of Revenue. This form includes a Social Security number, which is classified as private data under the Minnesota Government Data Practices Act. Pursuant to Minn. Stat. § 13.04, subd. 2 and Public Law 93-579 § 7, you are informed that:

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of revenue delinquent taxes, penalties or interest;
- The Department will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and
- Failing to supply this information may jeopardize or delay the issuance of your license or processing of your renewal application.

**Complete the required fields below and return with your LICENSE APPLICATION or LICENSE RENEWAL.**

1. Applicant Name: Name of the Company or individual owner of the business.

2. MN Tax ID Number: Print the Tax ID number of the Company

3. Applicant's Social Security Number: Complete if the business has not been issued a MN Tax ID Number.

4. Business Name: Name of the Company, should be the same Name as on the License.

5. Business Physical Address: Include Street address, City, MN and Zip Code.

Facilities operating without a license will be assessed an additional 50% annual license fee.

**Financial Assurance/ Contingency Action/ Closure Amounts** for Solid Waste Facilities: Financial assurance for contingency action or facility closure for new and renewing solid waste management facilities and activities will be considered and approved by the Department of Public Health and Environment.



## 2021 Washington County Facility Fee Schedule

Solid waste facility fees are based on the following solid waste activities:

1. Demolition Landfill Type A	\$7,959 .00
2. Demolition Landfill Type B	\$4,776 .00
3. Clean Fill Landfill	\$1,093.00
4. Transfer Station	\$1,093.00
5. Waste Processing	\$7,641 .00
6. Waste Tire Management	\$892.00
7. Industrial Waste Disposal	\$13,265.00
8. Lime Sludge Land Spreading (Annual License)	\$541 .00
9. Solid Waste Storage	\$1,380.00
10. Solid Waste Land Spreading (Annual License)	\$541.00
11. Yard Waste Composting	\$541.00
12. Yard Waste Land Spreading (Annual License)	\$409.00
13. Tree Waste Processing	\$907.00
14. Other Facilities	\$530 .00
15. Facility Plan Review	50% of license fee (one time)
16. Environmental Assessments	\$91.00
17. Land Spreading Site Review	\$536 .00
18. Petroleum Land Spread (per cubic yard)	\$10.00

Facilities operating without a license will be assessed an additional 50% annual license fee.

**Financial Assurance/ Contingency Action/ Closure Amounts** for Solid Waste Facilities: Financial assurance for contingency action or facility closure for new and renewing solid waste management facilities and activities will be considered and approved by the Department of Public Health and Environment.