



Minnesota Pollution Control Agency
 520 Lafayette Road North
 St. Paul, MN 55155-4194

Demolition Debris Disposal Facility PBR Notification Form

Solid Waste Permit Program

Permit-By-Rule (PBR)

Doc Type: Permit By Rule

PBR Identification number: _____

Print or type application in a legible manner. Before submitting, make a photocopy for your records. A response letter will be issued.

The completed form is to be returned to: **Solid Waste Permit Document Coordinator**
 Minnesota Pollution Control Agency
 520 Lafayette Road North
 St. Paul, Minnesota 55155-4194

Eligible criteria

1. Owners/operators of PBR demolition debris disposal facilities must comply with Minn. R. 7001.3050, subp. 3, item B.
2. The facility must:
 - Have a low potential for adverse effects human health and the environment
 - Involve less than 15,000 cubic yards of demolition debris
 - Operate less than a total of 12 consecutive months
 - Not be located adjacent to another demolition debris permit-by-rule facility
3. Use is restricted to a specific owner/operator having a substantial volume of non-putrescible material resulting from the demolition of buildings, roads, or other man-made structures.
4. The facility must meet the location standards set forth in Minn. R. 7035.2555 and 7035.2825, subp.2.
5. The facility must be designed in accordance with Minn. R. 7035.2825, subp. 3.
6. Owners and operators must comply with the operating standards in Minn. R. 7035.2825, subp. 4.
7. The facility must be closed in accordance with Minn. R. 0735.2825, subp. 5.

Demolition debris includes concrete, brick, bituminous concrete, untreated wood, masonry, glass and plastic building parts. Demolition does not include asbestos; new construction waste materials such as carpeting, sheetrock or plywood; glues, tars, solvents, caulking, resins or their containers; household garbage, refuse or rubbish; or any hazardous infectious or liquid waste material.

I. County Acknowledgement (This section must be completed by the County Solid Waste Administrator or Zoning Officer. This section is meant to notify the County of the applicant's intent so that all local ordinances and plans can be met.)

Signature: _____ Date: (mm/dd/yyyy): _____
 Name: _____ Phone: _____
 Title: _____ Fax: _____
 Email: _____
 Address: _____
 City: _____ State: MN Zip: _____
 Comments: _____

II. Facility Information (Please include map showing location)

A. Facility location (For modifications/re-issuances only please add Permit No.)

Facility name: _____ Permit No. _____ PBR ID No. SW-
 Address: _____
 City: _____ State: MN Zip: _____
 MPCA Region (check one): Brainerd Detroit Lakes Duluth Marshall/Willmar Metro Rochester

B. Legal description of property

_____ 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. On a site with karst features including sinkholes, disappearing streams and caves? Yes No
- 2. Within wetland areas? Yes No
- 3. Within a flood plain area? Yes No
- 4. Within a shoreland area? (*Within 300 feet of a stream or river, or 1000 feet of a lake or pond*)? Yes No
- 5. Within 50 feet of the property boundary? Yes No
- 6. Within 5 feet of the seasonal high ground water table? Yes No
- 7. Within 50 feet of a well or 100 feet of a sensitive well governed by MDH Rules 4725.4450? Yes No

Note: Minnesota Department of Health (MDH) regulations require that a well or boring on the property that is not in use, or that will be removed from service, **must be sealed by a licensed well contractor or a licensed well sealing contractor** unless the property owner has a maintenance permit for the well. **Burying a well during the demolition process is prohibited.** If you have any questions regarding the status of a well on your property, contact MDH at 1-800-383-9808.

E. Distance to the nearest **permitted** demolition landfill: _____ miles

Facility Name: _____ Permit No.: SW-_____

Address: _____

City: _____ State: MN Zip: _____

F. Is the facility adjacent to, or will it include, any other type of solid waste management activity? Yes No

If "yes" explain: _____

III. Operational Information

A. Certified landfill operator information:

Name: _____ Cert. No.: _____

Location of most recent training: _____

Date of most recent training (mm/dd/yyyy): _____ Expiration date (mm/dd/yyyy): _____

B. General site description:

C. Dates of operation:

Date open (mm/dd/yyyy): _____ Date closed (mm/dd/yyyy): _____

D. Anticipated amount of waste to be accepted at site in cubic yards only: _____

E. Describe type/s of waste and origin:

Waste type: _____ Origin: _____

Waste type: _____ Origin: _____

Waste type: _____ Origin: _____

F. Describe equipment to be used in the disposal area for:

Confining: _____

Handling: _____

Compacting: _____

- H. Security:** During the active life of the solid waste management facility, the closure period, and postclosure card period, as required, the owner or operator must prevent, by use of fence or similar device, the unauthorized entry of persons or livestock onto the facility, unless the owner or operator demonstrates to the commissioner that:
1. Physical contact with the waste, structure, or equipment at the facility will not injure unknowing or unauthorized persons or livestock that could enter the facility.
 2. Disturbance of the waste or equipment will not cause a violation of parts 7035.2525 to 7035.2915.

IV. Design Information

A. Describe the site preparation and other design features necessary to construct and operate the facility. Items to address include: clearing and grubbing, topsoil stripping and stockpiling, fill area excavation, surface water diversion, drainage and erosion-control structures, and availability and location of cover material. *Please attach additional pages if needed.*

B. Describe the design considerations of the final slopes for the fill area, the drainage ways and final cover (minimum 2%, maximum 20%). *Please attach additional pages if needed.*

C. Describe the design of the final cover: (Minimum 2 feet thickness)

Type of cover soil: _____
 Type of vegetation: _____
 Other: _____

V. Closure and Postclosure

A. Final use of site after closure:

B. When the facility is closed: A notation must be placed on the property deed by the County Recorder indicating the waste type, volume and location.

C. Site closure form: A Site Closure Form must be complete within 30 days of closure and sent to the Minnesota Pollution Control Agency. It must include verification of the deed notation by the County Recorder.

D. Follow-up inspections: The site must be inspected after closure at least once a year between June and September for settlement and erosion problems. All problems must be corrected within two (2) weeks.

VI. 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.

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 demolition disposal 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: _____

VII. Required Actions

Minnesota Solid Waste Management Rules require that you:

- A. Have an Emergency Response Plan in accordance with Minn. R. 7035.2595.
- Inspect the site at least once each year in accordance with Minn. R. 7035.2535, subp. 4.
- Close the facility in accordance with Minn. R. 7035.2625 using at least two feet of compacted soil.
- Provide 20 years of Postclosure Care in accordance with Minn. R. 7035.2645.
- B. This notification form must be submitted no later than ten **working** days before accepting waste.