



Planning and Zoning Administration  
 Sherburne County Government Center  
 13880 Business Center Drive  
 Suite 100  
 Elk River, MN 55330-4668  
 zoning@co.sherburne.mn.us  
 (763) 765-4464  
 1-800-438-0578

# Solid Waste Facility

## License Application for Construction and Operation

**Print or type application.** Sherburne County will provide an official response to applicants once the completed form and associated attachments have been reviewed for completeness. The Department shall advise the applicant in writing within sixty (60) days of receiving the application if the application is incomplete. Initial licenses granted shall be for a period of not more than one (1) year, unless earlier suspended or revoked. The term of a solid waste facility license that is renewed pursuant to the provisions of this Ordinance shall be five (5) years and shall expire on December 31 of the fifth year, unless sooner suspended or revoked. This form shall also be used to apply for license renewals, license modifications, and/or closure licenses.

Please refer to <https://www.co.sherburne.mn.us/1061/Sherburne-County-Fee-Schedule#SolidWaste> for applicable fees.

Dave Lucas, Solid Waste Administrator  
 Sherburne County Zoning Administration  
 13880 Business Center Drive  
 Elk River, MN 55330

This completed form is to be returned to:  
 (including all appropriate attachments)

### I. Facility Information

- A. Application is for** (check appropriately):  New License  License Renewal  
 License Modification  Closure License

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State MN Zip \_\_\_\_\_

FEIN or MN \_\_\_\_\_

State ID # \_\_\_\_\_

### B. Legal Description of property (acreage includes the entire area of the facility)

Acres \_\_\_\_\_ Section \_\_\_\_\_ T \_\_\_\_\_ N \_\_\_\_\_ R \_\_\_\_\_ W  
 \_\_\_\_\_ ¼ \_\_\_\_\_ ¼

City Name \_\_\_\_\_ Township Name (if applicable) \_\_\_\_\_

Parcel Identification Number(s) \_\_\_\_\_

Property Zoning Designation \_\_\_\_\_

**II. Solid Waste Facility Information**

**A. Type(s) of Solid Waste Facilities that you are proposing to Begin, Renew, Modify, or Close (check all that apply)**

| Disposal Facilities  | Processing Facilities   |
|--|---|
| <input type="checkbox"/> Sanitary Landfill                     | <input type="checkbox"/> RDF Processing Facility                            |
| <input type="checkbox"/> Industrial Waste Landfill             | <input type="checkbox"/> Energy Recovery Facility                           |
| <input type="checkbox"/> Demolition Landfill (Type I)          | <input type="checkbox"/> Incinerator  |
| <input type="checkbox"/> Demolition Landfill (Type II)         | <input type="checkbox"/> Transfer Station                                   |
| <input type="checkbox"/> Energy Recovery Facility Ash Landfill | <input type="checkbox"/> Solid Waste Processing Facility                    |
| <input type="checkbox"/> Other (Please Explain):               | <input type="checkbox"/> Solid Waste Processing Facility – Salvage Yard     |
|  | <input type="checkbox"/> Solid Waste Storage Facility                       |
|  | <input type="checkbox"/> Solid Waste Storage Facility – Waste Tire Facility |
|  | <input type="checkbox"/> Infectious Waste Facility                          |
|  | <input type="checkbox"/> Composting Facility (Solid Waste)                  |
|  | <input type="checkbox"/> Composting Facility (Source Separated Organics)    |
|  | <input type="checkbox"/> Composting Facility (Yard Waste)                   |
|  | <input type="checkbox"/> Household Hazardous Waste Facility                 |
|  | <input type="checkbox"/> Other:   |

**B. Describe the capacity of each Solid Waste Facility and the total facility capacity in the tables below. Provide information for type of activity selected above.**

**Disposal Facilities**

| Disposal Facility               | Capacity (yd <sup>3</sup> )       |                             |                                    |                                       |
|---------------------------------|-----------------------------------|-----------------------------|------------------------------------|---------------------------------------|
|                                 | Proposed/Addit-<br>ional Capacity | Current in-<br>place volume | Remaining<br>Permitted<br>Capacity | Facility Life<br>Remaining<br>(years) |
| Sanitary Landfill               |                                   |                             |                                    |                                       |
| Industrial Waste Landfill       |                                   |                             |                                    |                                       |
| Demolition Landfill (Type I)    |                                   |                             |                                    |                                       |
| Demolition Landfill (Type II)   |                                   |                             |                                    |                                       |
| Energy Recovery Facility<br>Ash |                                   |                             |                                    |                                       |
| Other                           |                                   |                             |                                    |                                       |
| <b>Total</b>                    |                                   |                             |                                    |                                       |

**Processing Facilities**

| Processing Facilities | Proposed Capacity |          | Permitted Capacity |          | Design Capacity |          |
|-----------------------|-------------------|----------|--------------------|----------|-----------------|----------|
|                       | tons/year         | tons/day | tons/year          | tons/day | tons/year       | tons/day |
|                       |                   |          |                    |          |                 |          |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| RDF Processing Facility                            |  |  |  |  |  |  |
| Energy Recovery Facility                           |  |  |  |  |  |  |
| Incinerator  |  |  |  |  |  |  |
| Transfer Station                                   |  |  |  |  |  |  |
| Solid Waste Processing Facility                    |  |  |  |  |  |  |
| Solid Waste Processing Facility – Salvage Yard     |  |  |  |  |  |  |
| Solid Waste Storage Facility                       |  |  |  |  |  |  |
| Solid Waste Storage Facility – Waste Tire Facility |  |  |  |  |  |  |
| Infectious Waste Facility                          |  |  |  |  |  |  |
| Composting Facility (Solid Waste)                  |  |  |  |  |  |  |
| Composting Facility (Source Separated Organics)    |  |  |  |  |  |  |
| Composting Facility (Yard Waste)                   |  |  |  |  |  |  |
| Household Hazardous Waste Facility                 |  |  |  |  |  |  |
| <b>Total</b>                                       |  |  |  |  |  |  |

### III. Operational Information

- A. List the solid waste and waste by-products to be managed at the facility according to the waste type, quantity, and management method (collect, transfer, store, process, convert, compost, treat, or disposal).

| <b>Waste Type</b>            | <b>Quantity</b> | <b>Unit (tons, tons/day, cubic yards, PTE's, items)</b> | <b>Management Method</b> |
|------------------------------|-----------------|---|--------------------------|
| Mixed Municipal Solid Waste  |                 |   |                          |
| Industrial Solid Waste       |                 |   |                          |
| Demolition Waste             |                 |   |                          |
| Energy Recovery Facility Ash |                 |   |                          |
| Asbestos                     |                 |   |                          |
| Household Hazardous Waste    |                 |   |                          |
| Tires                        |                 |   |                          |
| White Goods                  |                 |   |                          |
| Electronics                  |                 |   |                          |
| Steel/Iron                   |                 |   |                          |
| Non-Ferrous Scrap            |                 |   |                          |
| Fluorescent Bulbs            |                 |   |                          |
| Lead Acid Batteries          |                 |   |                          |

|                         |  |  |  |
|-------------------------|--|--|--|
| Cardboard               |  |  |  |
| Catalytic Converters    |  |  |  |
| Cans                    |  |  |  |
| Refrigerant             |  |  |  |
| Wood                    |  |  |  |
| Yard Waste Compost      |  |  |  |
| Used Oil                |  |  |  |
| Used Oil Filters        |  |  |  |
| Fuels                   |  |  |  |
| Mercury Switches        |  |  |  |
| Other Automobile Fluids |  |  |  |
| Other:                  |  |  |  |
| Other:                  |  |  |  |

**IV. Additional Information**

**A. Please provide a description of proposal or modification of the solid waste facility.**

**B. Please provide any additional information regarding the method of disposal, processing, and/or storage of waste materials.**

**V. Information to be Provided**

**A. The applicant shall include with its license application two sets of complete plans, specifications, design data, ultimate land use plan if applicable, proposed operating procedures and such other information as may be required by the County. Applicants shall provide all information required in Section 5.2 of the County Solid Waste Management Ordinance as listed below and subsequent sections of this Ordinance pertaining to the proposed solid waste facility.**

1. Land use approvals and permit(s) required by the County Zoning Ordinance or the zoning authority having jurisdiction over the proposed site.

2. A complete copy of the permit application submitted to the MPCA, including a set of complete plans, specifications, design data, and ultimate land use proposals.
3. A written statement of how the proposed facility is consistent with the County Solid Waste Management Plan and a current MPCA Certificate of Need (CON), if applicable.
4. Application fee as established by the County Board.
5. A topographic map 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 shall 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 may be required by the Department. Wells shall also be identified on the map.
6. A copy of any environmental assessment worksheet or environmental impact statement prepared or required pursuant to this Ordinance, Minnesota Rules, Chapter 4410, as amended, or other applicable regulation.

**VI. Certification and Signature**

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 Sherburne 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 Sherburne County Solid Waste 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)**

|              |       |                |       |
|--------------|-------|----------------|-------|
| Signature    | _____ | Date           | _____ |
| Name         | _____ | License Number | _____ |
| Title        | _____ | State Licensed | _____ |
| Email        | _____ | Phone          | _____ |
| Organization | _____ | Fax            | _____ |
| Address      | _____ |                |       |
| City         | _____ | State          | _____ |
| Phone        | _____ | Fax            | _____ |
|              |       | Zip            | _____ |

**Landowner**

|           |       |       |       |
|-----------|-------|-------|-------|
| Signature | _____ | Date  | _____ |
| Name      | _____ | Phone | _____ |
| Title     | _____ | Fax   | _____ |

Email \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owner (Applicant)**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Operator**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_