

Application for a Waste Management Facility Permit Renewal

Waste Management Facilities Regulation

Part A: General Information

Facility Information			
Name of Operation			
Location of Operation (<i>S/T/R or River Lot/Parish</i>)		Rural Municipality	
Owner (<i>legal name</i>)			
Mailing Address			Postal Code
Contact Person and Title	Business	Fax	Cell
Email			

Permit Renewal Request for:		
<input type="checkbox"/> Class 2 WDG	<input type="checkbox"/> Class 3 WDG	<input type="checkbox"/> Transfer Station
<input type="checkbox"/> Compost Facility	<input type="checkbox"/> Material Recovery Facility	<input type="checkbox"/> Remote Seasonal Facility
Existing Permit #:		Existing Permit Expiry Date:

Part B: Operation Information

Operation Description	
Description of the service area, including total population, communities and industries, to be served by the facility and any type of special or non-household waste to be accepted.	
Proposed Operating Period: Explain:	<input checked="" type="radio"/> Year-round <input checked="" type="radio"/> Seasonal
Waste Handling Method	
<input type="checkbox"/> Below grade cell	<input type="checkbox"/> Above grade cell <input type="checkbox"/> Bins
<input type="checkbox"/> Concrete pad	<input type="checkbox"/> Other (<i>explain</i>)

Expected Volume of Waste	
Municipal _____ m3	OR _____ kg
Industrial/Commercial _____ m3	OR _____ kg
Agricultural _____ m3	OR _____ kg
Estimated Tonnage/Year _____	

Part C: Operation Activities

Activities		
Composting <input type="checkbox"/> leaf and yard waste <input type="checkbox"/> commercial <input type="checkbox"/> kitchen and household <input type="checkbox"/> institutional <input type="checkbox"/> pet waste <input type="checkbox"/> industrial <input type="checkbox"/> other (explain)	Landfill gas management method <input checked="" type="radio"/> Y <input type="radio"/> N (Explain)	
Burning requested <input checked="" type="radio"/> Y <input type="radio"/> N If yes, indicate burn area type:	Leachate pond onsite <input checked="" type="radio"/> Y <input type="radio"/> N If yes, indicate collection method:	Monitoring wells onsite <input checked="" type="radio"/> Y <input type="radio"/> N If yes, indicate how many: Date last sampled:

Types of Waste or Waste Reduction And Prevention (WRAP) material to be received and separated		
Hazardous Waste <input type="checkbox"/> batteries <input type="checkbox"/> waste oil <input type="checkbox"/> used oil filters <input type="checkbox"/> used oil containers <input type="checkbox"/> antifreeze <input type="checkbox"/> solvents / paints <input type="checkbox"/> pesticide containers <input type="checkbox"/> propane cylinders <input type="checkbox"/> other (Explain) Hazardous Waste Licence Number:	Wood and Paper Products <input type="checkbox"/> combustibles <input type="checkbox"/> cardboard <input type="checkbox"/> packaging and printed paper <input type="checkbox"/> wood (clean or treated)	WRAP and other waste <input type="checkbox"/> electronic waste <input type="checkbox"/> tires <input type="checkbox"/> glass <input type="checkbox"/> metals <input type="checkbox"/> white goods <input type="checkbox"/> asphalt shingles <input type="checkbox"/> plastics <input type="checkbox"/> recyclables <input type="checkbox"/> compostables
<input type="checkbox"/> Other waste accepted (Explain)		
Have any activities changed? (Explain)		

Part D: The following information must be submitted along with this completed permit renewal application as per the instructions below:

- An updated diagram showing the proposed site boundaries and the internal layout, dimensions and surface water management design, including the location of any access road, active area, storage area, disposal facility, recyclable material collection area, compost processing, or curing area, operator and equipment facility, fence, drainage ditch and the location of monitoring wells *(if applicable.)*

- Water chemistry history and most recent groundwater sampling results *(if required).*

Declaration of Applicant	
I _____ declare that:	
(print name)	
1. The information contained on this application, attached plans and specifications, and other attached documentation is to true to the best of my knowledge.	
2. If the owner is a corporation or partnership, I have authority to bind the corporation or partnership.	
_____ Date	_____ Signature of applicant

Submission Instructions:

Please submit one electronic copy and mail two printed copies of the completed application form and the additional information (Part D) to:

Manitoba Sustainable Development
Director
Environmental Approvals Branch
Suite 160, Box 80, 123 Main Street
Winnipeg, Manitoba R3C 1A5

Telephone: 204-945-8321
Fax: 204-948-5229

Email: solidwaste@gov.mb.ca