

# Renewal Application for a Waste Management Facility Permit

## 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 Number:		Client File Number:

## 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: <input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Explain:	
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 Y <input type="checkbox"/> N <input type="checkbox"/> (explain)	
Burning requested <input type="checkbox"/> cage <input type="checkbox"/> bermed area <input type="checkbox"/> below grade <input type="checkbox"/> not applicable <input type="checkbox"/> other (explain)	Leachate pond onsite Y <input type="checkbox"/> N <input type="checkbox"/> If yes, indicate collection method:	Monitoring wells onsite Y <input type="checkbox"/> N <input type="checkbox"/> 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 Conservation and Climate**  
Director  
Environmental Approvals Branch  
1007 Century Street  
Winnipeg, Manitoba R3H 0W4

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

Email: [EABDirector@gov.mb.ca](mailto:EABDirector@gov.mb.ca)