



Delaware Department of Natural Resources and Environmental Control
Solid & Hazardous Waste Management Section

Beneficial Use Determination Application

INSTRUCTION: The applicant may claim that some of the information presented in this Application is confidential. An applicant wishing to make such a claim should write, preferably in red ink, "claimed confidential information" at each point in the response where such confidentiality is claimed, and provide an explanation of why the release of such information would constitute an invasion of personal privacy or would seriously affect the applicant's business or competitive situation. The confidentiality determination will be subject to the **FOIA Regulation, Section 6.**

1. Facility Information:

Facility Name: _____

Street: _____

City: _____ County: _____ State: _____

Zip: _____ Phone(s): _____ Fax: _____

Total Site Area (Acres): _____ Latitude: _____ Longitude: _____

2. Owner Information:

Owner's Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

3. Operator Information:

Operator's Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

4. Service Area (political jurisdictions and unincorporated area to be served by the facility):

5. Estimated Quantities of Recyclable Material & Product Expected to be Handled and Stored at the Facility:

A. Maximum daily tonnage of Recyclable Material expected: _____ tons

B. Maximum tonnage of Recyclable Material to be stored: _____ tons

C. Maximum tonnage of Product to be stored _____ tons

Note: Maximum daily and weekly tonnages must consider operating hours and days specified in Section 6 of this form.

6. Operating Hours:

A. Daily Operating Hours _____

B. Daily Business Hours (i.e. hours open to the public): _____

C. Days of Operation: _____

D. Operating Days Per Year: _____

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in the Application and all attachments and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Date Signature of Applicant or Corporate Agent

Name: _____ Phone: _____

Title: _____ Email: _____

Company: _____

Address: _____
