



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

**Beneficial Use Determination/ Compost Approval 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: \_\_\_\_\_

Name and/or Legislative Parcel Number: \_\_\_\_\_

Sponsoring Municipality (for composting operation only, where applicable):  
\_\_\_\_\_

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 Compostable Material & Product Expected to be Handled and Stored at the Facility:

Compostable Material: Amount expected: per day  per week  Maximum amount to be stored:

A. \_\_\_\_\_ tons  cubic yards  \_\_\_\_\_ tons  cubic yards

B. \_\_\_\_\_ tons  cubic yards  \_\_\_\_\_ tons  cubic yards

C. \_\_\_\_\_ tons  cubic yards  \_\_\_\_\_ tons  cubic yards

D. \_\_\_\_\_ tons  cubic yards  \_\_\_\_\_ tons  cubic yards

E. \_\_\_\_\_ tons  cubic yards  \_\_\_\_\_ tons  cubic yards

F. Maximum amount of Product to be stored \_\_\_\_\_ tons  cubic yards

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: \_\_\_\_\_

\_\_\_\_\_